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COUNTY BOROUGH OF BRIGHTON



PUBLIC HEALTH DEPT.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL

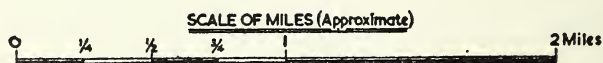
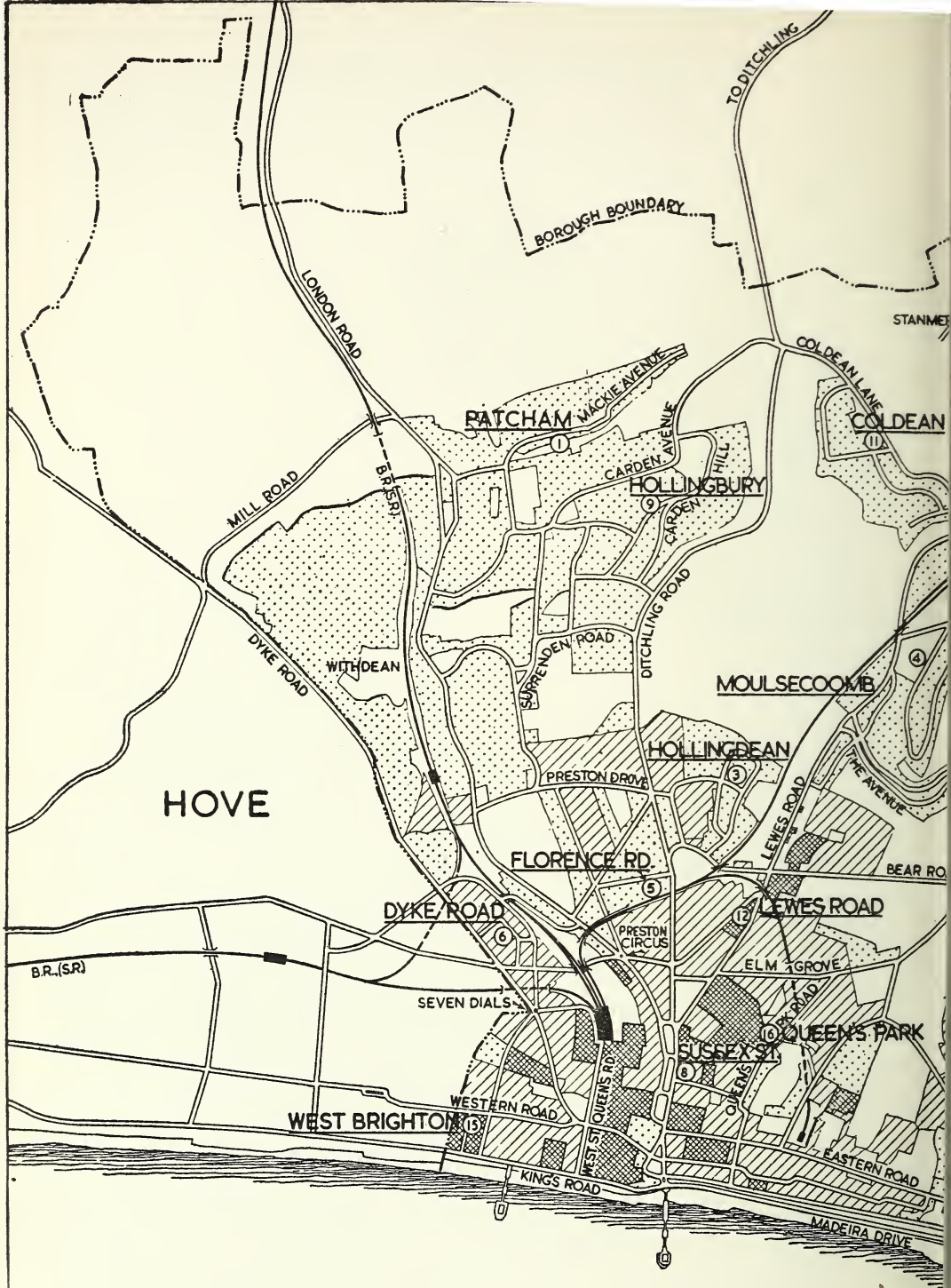
SCHOOL MEDICAL OFFICER

FOR THE YEAR 1960

W. S. PARKER, V.R.D., M.B., Ch.B., M.R.C.S., L.R.C.P., D.I.H., D.P.H.

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BOROUGH SURVEYOR, ENGINEER
AND PLANNING OFFICER
BRIGHTON 1958/3/60


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September, 1961

*To the Mayor, Aldermen and Councillors of the
County Borough of Brighton.*

LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report of the Medical Officer of Health for 1960, as required by law.

The details set out in the following pages represent the work of your Health Department staff and their collaboration with others in the prevention of illness in the town and also the provision of services of care and after-care of those in poor health. The extent of the provisions are such that three hundred and seventy-five of your staff are engaged in the task: the cost to each citizen in the town is just over one penny a day. This great volume of work has passed off without major episode or mishap. The health of the town remains good. To this there is one exception, namely lung cancer. As you are aware, this is one of the cancers which can be prevented. The melancholy toll of unnecessary male deaths will be emphasised to you when it is realised that three times as many people perish each day of lung cancer as die on the roads of Britain. The local figures are given on the first page of Vital Statistics.

I have drawn attention to this problem of lung cancer in previous reports. An appropriate amount has been inserted in the Health Committee estimates for health education on the topic. Two poster campaigns have been carried out. This is part of the general work of Health Education which is making steady if unspectacular progress in the Borough. As you are aware, I am a representative of the Association of Municipal Corporations on the Central Council for Health Education. This personal appointment greatly facilitates the work of the Department. During the year Health Education students from Ghana have been given facilities in the Department.

The Mental Health Act, 1959, became operative during the year. This represents a revolution in the national approach to mental ill-health which, in effect, is to be treated in the future in the same way as physical illness. The major shift is the new emphasis on prevention and home treatment. The older idea of removal to a mental institution as the general solution to all problems of mental ill-health has been abandoned: it is anticipated that the population of mental hospitals will be diminished both by a reduced need for admission and also by the discharge of those patients whose condition is relieved and improved and who could go home if they have a home to which they could return. The major responsibility for after-care falls even more heavily on the Local Health Authority. In this connection you will recall that your views were in advance of the national legislation. Unfortunately, it remains impossible to secure the necessary premises in which to work in spite of the willing efforts of your Health Committee.

It must not be forgotten that one in fifteen of the general population will at some time need care from the Mental Health Service. The situation is in our midst today: it cannot be coped with ostrich fashion by attempting to disregard it. These unfortunate people are ill: their illness can often be prevented: it can be cured in a short while in most instances with proper aftercare facilities: it is only a minority who become permanent invalids.

The Corporation is required to provide Training Centres; Hostels for the temporary care of former mental patients, including those who are now fit to return to the general community but who have no homes to which they can return; rehabilitation facilities in special Craft Centres and Social Clubs and an adequate experienced and trained staff for prevention and after-care both in the home and in the premises provided.

The development of the local Mental Health Services is contingent on the provision of premises. The first phase will be the completion of the Training Centre at Coldean in 1962. Designs for a residential hostel at the Roedale site have been discussed but there is likely to be considerable delay. It is hoped to buy a suitable house in which a modest and early start can be made.

The mental welfare and other staff are being recruited to the establishment set out in your proposals.

The control of the Abattoir passed from the Health Committee to the Markets Committee on 1st April, 1960. The responsibility of the Health Committee remains for the inspection of animals and meat and for the hygienic conduct of the personnel and premises.

The two photographs included in the report are of the interior of a bungalow in which an old man lived alone.

This episode is given special prominence as the idea still remains that all old people are nice, smiling, and clean. When the relatives and the voluntary associations are incapable of giving care the local authority staff have to step in to meet the ultimate compulsory duty of coping with the very awkward minority of old people in our midst. I would bring to your notice the patient, thorough and kindly attitude which is brought to this task by the staff of all the departments of the Corporation with which I have contact.

Chiropody services are to be provided under the proposals made to the Ministry of Health. It has not been possible as yet to make arrangements for local Chiropodists to take part in the scheme.

The Minister has requested a special comment on liaison arrangements with hospitals and family doctors to prevent unnecessary admissions to hospital and to promote early discharge, particularly in relation to children. Such facilities have been promoted and are being developed steadily.

On 30th November, 1960, Sir John Charles retired from the post of Chief Medical Officer of the Ministry of Health. In his final Report he made special mention of the duties of the Medical Officer of Health and the function of the local Annual Report. These paragraphs have been set out as an appendix (following report on School Health work).

This report marks my tenth year as your Medical Officer of Health. It will be recalled that my predecessor, Dr. Rutherford Cramb, planned your future Health Services just before his retirement: to me has fallen the task of implementing his proposals during this decade. Your forward-looking Health Committee has been at all times desirous of providing and improving services when necessary. In this connection, I am aware of my considerable debt to the Chairman, Councillor H. Nettleton, for much advice and guidance.

A great many people outside the Health Department have collaborated in the common task of promoting the health of our townspeople.

I would mention the family doctors; the staffs of the Foredown Isolation Hospital; the Geriatric Unit at the Brighton General Hospital; St. Francis' Hospital, Haywards Heath; the vast majority of the local hospital consultants; Dr. Jameson of the Public Health Laboratory; Mr. Dawes, Secretary of the Brighton and Lewes Hospital Management Committee, and many others.

I am conscious of the loyal work of the Health Department staff. I would single out my Deputy, Dr. A. M. Nelson, Mr. R. S. Cross, Chief Public Health Inspector, and Mr. R. W. Grutchfield, Chief Clerk.

Public health depends upon public relations. In this connection I have at all times had the sympathetic help of the local Press.

Your obedient Servant,

W. S. PARKER,

Medical Officer of Health.

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MEMBERS OF COMMITTEES ON 31st DECEMBER, 1960

Health Committee

HIS WORSHIP THE MAYOR
(ALDERMAN A. J. M. JOHNSON, J.P.)
ALDERMAN F. E. WINCHESTER
COUNCILLOR D. S. Y. BAKER, M.B.E.
" G. B. BALDWIN, M.R.S.H.
" R. J. BLACKWOOD
" A. W. BRIGGS
" Mrs. V. G. HARMER
" W. H. HINDS
" G. W. HUMPHREY
" L. KNOWLES

COUNCILLOR J. J. LOUGHRAN
" H. NETTLETON (Chairman)
" S. A. SNELLING
" Dr. A. SLESS
Miss E. HYSLOP
Mr. C. C. TITCOMB
Mr. F. MARTIN
Dr. L. J. BEYNON
Dr. H. G. PAGE
Mr. H. A. COOPER

Health (General Purposes) Sub-Committee

HIS WORSHIP THE MAYOR
(ALDERMAN A. J. M. JOHNSON, J.P.)
COUNCILLOR NETTLETON
" BALDWIN (Chairman)
" BRIGGS

COUNCILLOR Mrs. HARMER
" LOUGHRAN
Dr. BEYNON
Miss HYSLOP

PUBLIC HEALTH OFFICERS

Medical Officer of Health—W. S. PARKER, V.R.D., M.B., Ch.B., M.R.C.S., L.R.C.P., D.I.H., D.P.H.

Deputy Medical Officer of Health—A. M. NELSON, M.B., Ch.B., D.P.H.

Senior Assistant Medical Officers of Health—

MARGARET GORDON SPENCER, M.A., M.R.C.S., L.R.C.P., D.P.H.

P. P. M. BROWNE, M.R.C.S., L.R.C.P., D.P.H. (left 12/6/60).

D. W. QUANTRILL, M.B., Ch.B., D.P.H., D.T.M. & H., D.R.C.O.G.
(appointed 11/11/1960).

Assistant Medical Officers of Health—

†BERYL P. EADIE, B.Sc., M.B., B.Ch.

†HILARY MURDOCH, M.B., B.S., M.R.C.S., L.R.C.P., C.P.H.

†BARBARA J. NEWMAN, M.B., B.S.

Consultant Chest Physician—G. H. C. WALMSLEY, M.B., Ch.B., D.P.H.

Public Analyst—†V. C. BRANSON, B.Sc., A.R.C.S., D.I.C., F.R.I.C. (retired 31/12/1960).

Veterinary Officer—†S. GOURLEY, M.R.C.V.S.

Chief Public Health Inspector—*R. S. CROSS, F.R.S.H., F.S.I.A.

Abattoir Manager—G. H. A. MORRIS, M.B.E. (transferred to Markets Committee 1/4/1960).

Superintendent Health Visitor—Miss E. PATTERSON, R.S.C.N., S.R.N., S.C.M., H.V.Cert.

Superintendent Midwife—Miss E. HEATH, S.R.N., S.C.M., Q.N., M.T.D.

Chief Mental Welfare Officer—T. RASMUSSEN.

Chief Ambulance Officer—A. J. SUMPTER.

Domestic Help Supervisor—Miss M. I. HUMPHERSON.

Chief Clerk—*R. W. GRUTCHFIELD.

*Holds Food Inspector's Certificate of Royal Society for the Promotion of Health.

†Part-time.

VITAL AND GENERAL STATISTICS, 1960

Home population, mid-year (Registrar-General's estimated figure) ...	160,860
Area (in acres) ...	14,613
Number of inhabited houses 31st December (rate books) ...	50,662
Rateable value ...	£3,790,084
Sum represented by a penny rate... ..	£15,322

Marriages, 1,242. Rate per 1,000 population, 7.72.

Live births:					Males	Females	Total
Legitimate	1091	952	2043				
Illegitimate	124	88	212				
	<u>1215</u>	<u>1040</u>	<u>2255</u>				
					Area comparability factor (births)		Adjusted birth rate
Live birth rate (per 1,000 population)					14.02	<u>1.06</u>	<u>14.86</u>
					Rate per 1,000 (live and still) births		Rate per 1,000 population
Stillbirths—total					30	<u>13</u>	<u>0.19</u>
Total live and stillbirths					2285		
Infant deaths (legitimate 40: illegitimate 4) ... ..					...	...	44
Infant mortality rate per 1,000 live births—total ... ..					...	...	20
" " " " " " —legitimate ... ..					...	...	20
" " " " " " —illegitimate ... ..					...	...	19
Neonatal mortality rate per 1,000 live births ... ..					...	...	13
Early neonatal mortality rate per 1,000 live births ... ..					...	...	13
Perinatal mortality rate per 1,000 live and still births ... ..					...	...	26
Illegitimate live births per cent of total live births ... ..					...	...	9
Maternal deaths (including abortion) ... ..					...	...	3
Maternal mortality rate per 1,000 live and still births ... ..					...	...	1.31
					Area comparability factor (deaths)		Adjusted death rate
Deaths					2,442		
Death rate (per 1,000 population)					15.18	<u>0.78</u>	<u>11.84</u>

Deaths from cancer, Males 264, Females 279 Total 543



Percentage of all cancer deaths

Cancer of lung: Male 91 34
Female 21 8

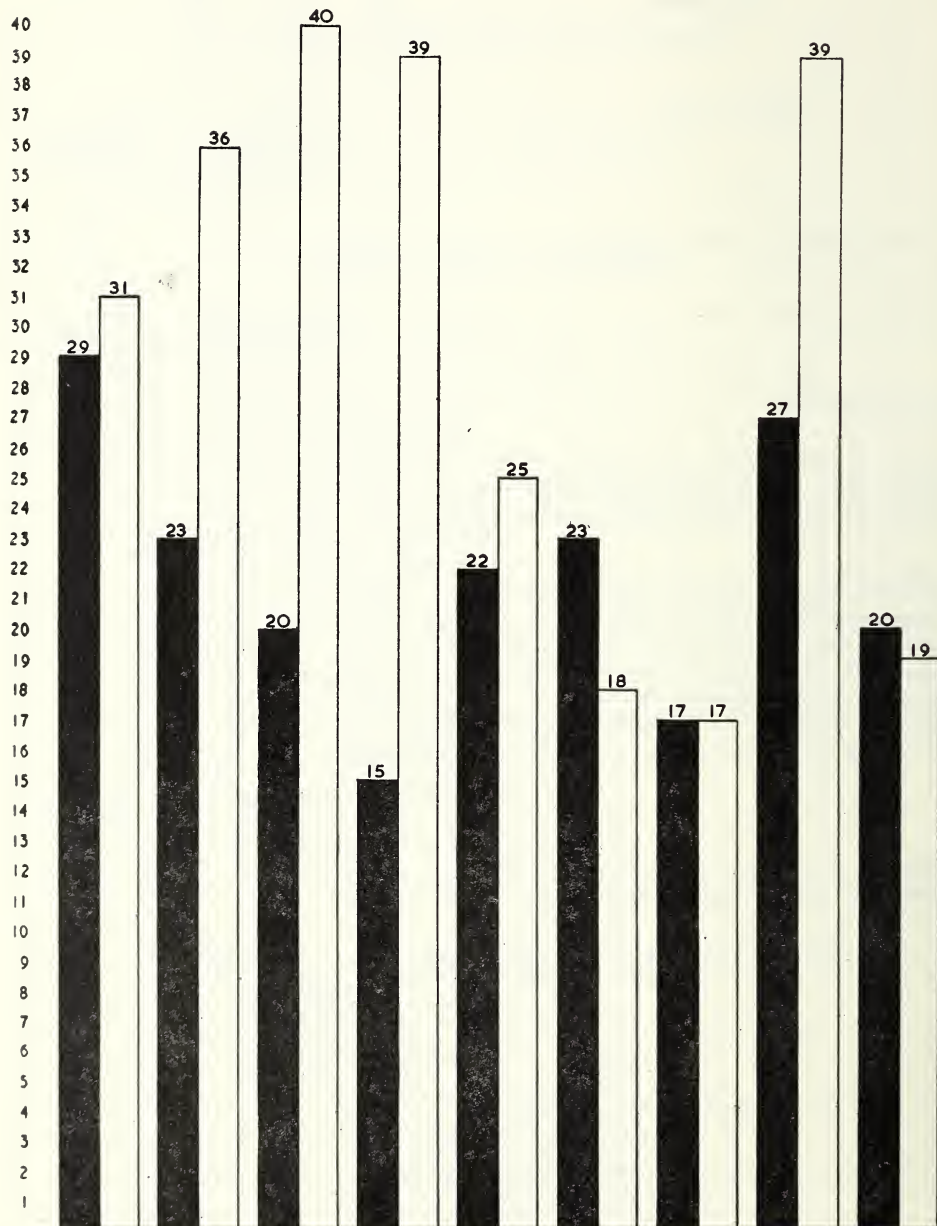
Deaths from measles (all ages)	—
" " whooping cough (all ages)	—
" " diarrhoea (under 2 years of age)	—
" " diphtheria (all ages)	—

DEATHS OF INFANTS

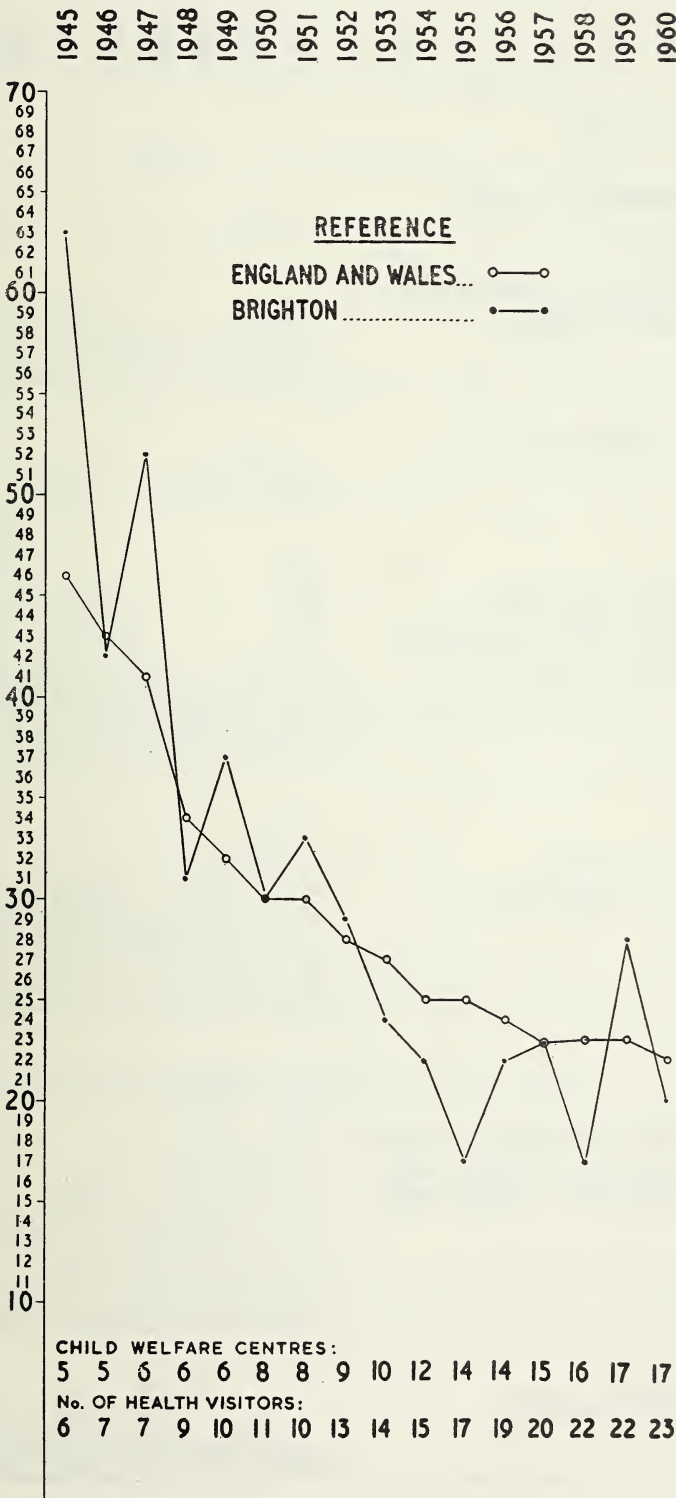
RATE PER 1,000 ADJUSTED LIVE BIRTHS

LEGITIMATE 
 ILLEGITIMATE 

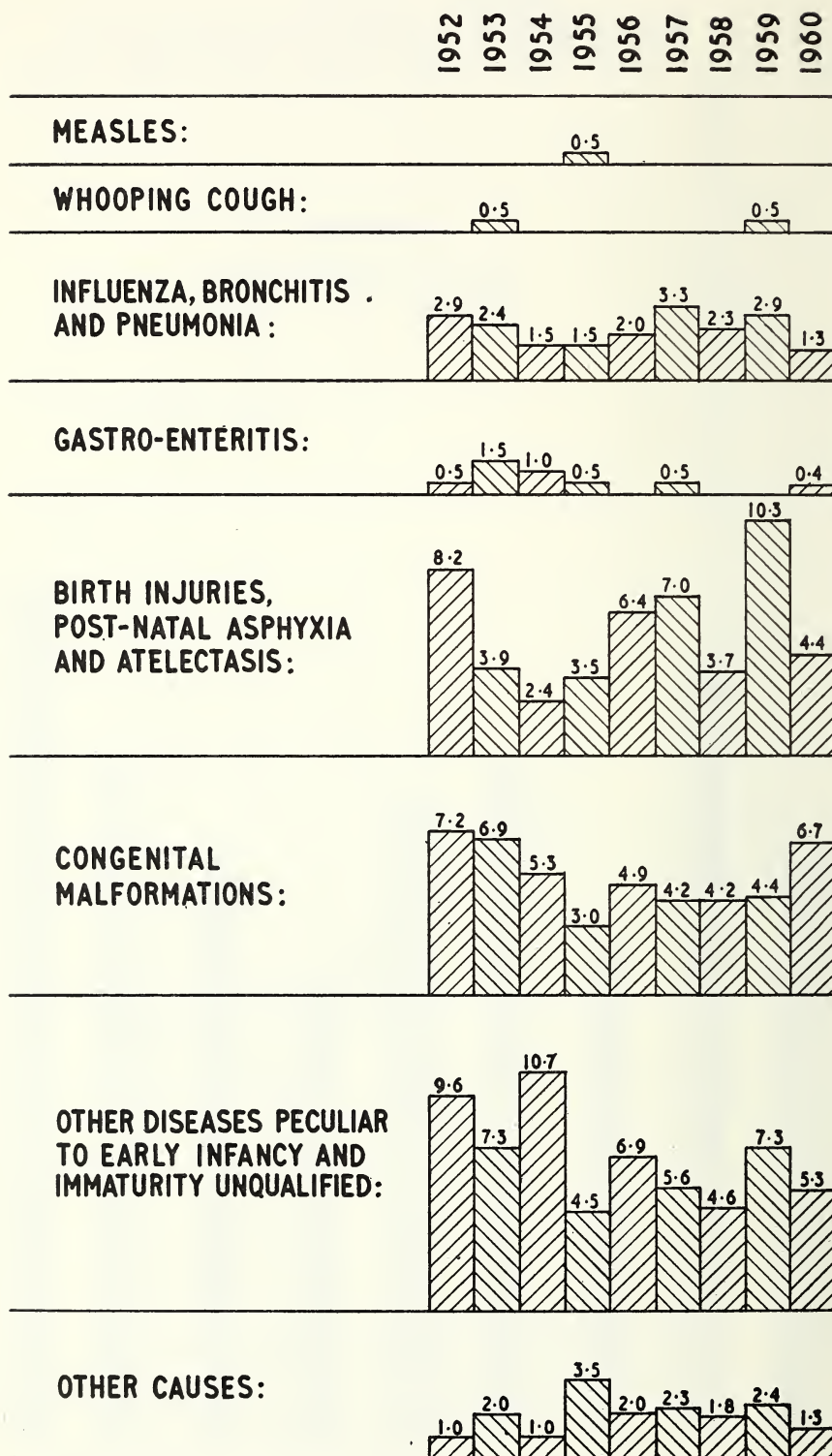
1952 1953 1954 1955 1956 1957 1958 1959 1960



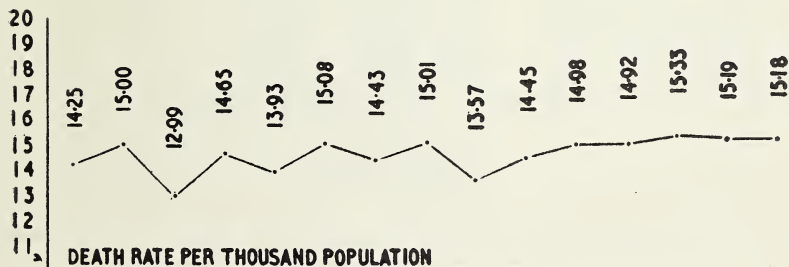
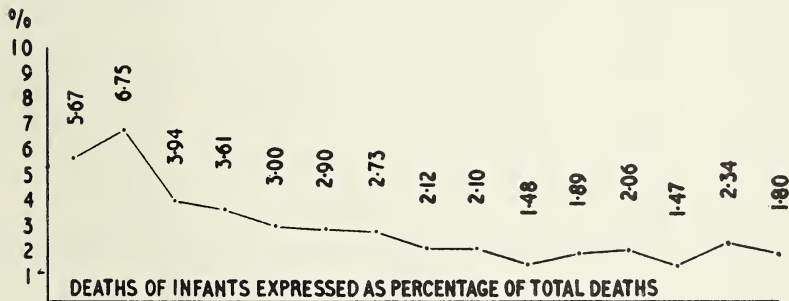
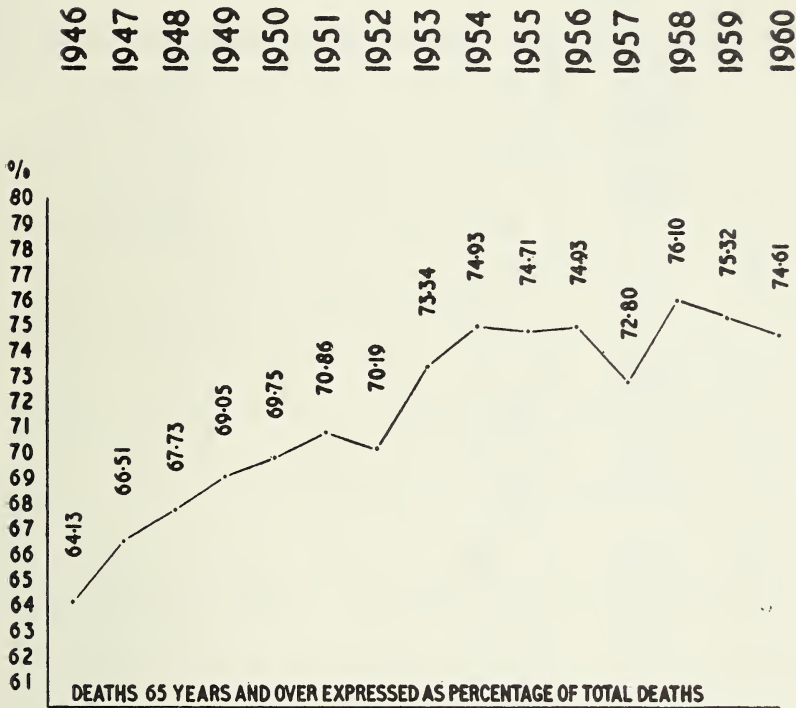
INFANT MORTALITY



INFANT MORTALITY



DEATH RATES CHANGES



INFANT MORTALITY, 1960.—*Net Deaths from stated causes at various ages under One Year of Age.*

CAUSE OF DEATH	Under 1 Week	1—2 Weeks	2—3 Weeks	3—4 Weeks	Total under 4 Weeks	1—2 Months	2—3 Months	3—4 Months	4—5 Months	5—6 Months	6—7 Months	7—8 Months	8—9 Months	9—10 Months	10—11 Months	11—12 Months	Total Deaths under one Year
	M. F. M.	M. F. M.	M. F. M.	M. F. M.	M. F. M.	M. F. M.	M. F. M.	M. F. M.	M. F. M.	M. F. M.	M. F. M.	M. F. M.	M. F. M.	M. F. M.	M. F. M.	M. F. M.	F.
Pneumonia ... ..	...	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	2
Hernia... ..	1	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	1
Gastro enteritis	1	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	1
Congenital malformation of bone ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6
Congenital malformation of circulatory system	3	2	...	...	3	2	1	1	1	1	1	1	1	1	1	1	4
Meningocele	1	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	1
Hydrocephalus ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Laryngismus stridulus ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Congenital malformation of digestive system... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Other congenital malformations ...	1	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	1
Birth injury	1	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	1
Post-natal asphyxia and atelectasis ...	5	3	...	...	5	3	1	1	1	1	1	1	1	1	1	1	2
Pneumonia of new born ... ..	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Haemolytic disease of new born	1	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	1
Immaturity	8	3	...	...	8	3	1	1	1	1	1	1	1	1	1	1	1
Disease of pancreas ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Asphyxia due to inhalation of vomit ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
	18	12	...	1	18	13	3	1	2	1	1	1	1	2	...	...	44

Diseases Notified during the Year 1960

[illegible]

INFECTIOUS DISEASE AND EPIDEMIOLOGY

The following figures show the incidence of infectious diseases notified to this department during 1960.

Infectious diseases diagnosed in hospitals within the Borough are required by order of the Registrar-General to be notified by that Authority irrespective of whether or not the person is normally resident within the area. This accounts for a number of cases included in the figures set out below and coming from addresses outside the Borough.

It will be seen that whilst in some infections the number notified showed a decrease, others increased notably, e.g., whooping cough and ophthalmia neonatorum.

Disease	1960	1959	Disease	1960	1959
Scarlet fever	94	181	Measles	29	1969
Poliomyelitis	4	11	Puerperal Pyrexia... ..	62	73
Ophthalmia neonatorum	19	2	Dysentery	145	277
Acute pneumonia	69	63	Erysipelas	15	10
Paratyphoid	1	1	Food poisoning	51	82
Malaria	—	1	Acute encephalitis... ..	1	—
Whooping cough	204	118			

Acute Poliomyelitis

Four cases of acute poliomyelitis were notified. One of these cases was paralytic, the remainder were of the non-paralytic type.

A man aged fifty-eight years returned from a short holiday in Italy on 18th April. He became unwell on 20th April and was admitted to hospital on 23rd April. His death took place on the following day. This patient was not immunised. The incubation period pointed to a foreign infection.

Two of the non-paralytic cases were school children who had been immunised. Thus the attacks had been modified.

Scarlet Fever

Ninety-four cases were notified.

1958, 83; 1959, 181; 1960, 94.

Seven patients were admitted to hospital.

Distribution of scarlet fever cases by age group and sex:

Age Group	M	F	Total
1—4 years	20	12	32
5—9 „	27	22	49
10—14 „	5	2	7
15—24 „	—	3	3
25 plus	2	1	3
Total	54	40	94

53 per cent of the patients were in the 5-9 age group.

Ophthalmia Neonatorum

There was an increase in the number of cases.

1958, 3; 1959, 2; 1960, 19.

73 per cent of patients occurred in hospital.

Whooping Cough

There was an increase in the number of cases notified.

1958, 198; 1959, 118; 1960, 204.

Thirteen cases were transferred to hospital.

Distribution of whooping cough cases by age group and sex:

Age Group	M	F	Total
Under 1 year	10	8	18
1 year	9	14	23
2 years	10	7	17
3 "	12	19	31
4 "	10	14	24
5—9 years	34	40	74
10—14 "	5	7	12
15—24 "	1	1	2
25 plus	1	2	3
	92	112	204

Thirty-six per cent of the cases occurred in the 5-9 age group.

Sonne Dysentery

There was a reduction of 132 cases.

1958, 11; 1959, 277; 1960, 145.

There were fourteen hospital admissions.

Distribution of bacteriologically confirmed dysentery cases:

	M	F	Total
1st January—31st March ...	7	20	27
1st April—30th June	43	52	95
1st July—30th September ...	9	10	19
1st October—31st December ...	1	3	4
	60	85	145

Sixty per cent of cases occurred in the early summer months.

Distribution of dysentery cases by age group and sex:

	M	F	Total
Under 1 year	—	4	4
1—4 years	17	11	28
5—9 "	21	26	47
10—14 "	4	9	13
15—24 "	7	4	11
25 plus	11	31	42
	60	85	145

Food Poisoning

During the year 79 cases of suspected food poisoning (1959—1964) were notified. Seven patients were removed to hospital. After investigation by the health department and examination of specimens by the Public Health Laboratory Service the confirmed figure was 51 (1959—82).

				<i>Suspected Cases</i>	<i>Confirmed Cases</i>
1958	...	...	...	171	107
1959	...	...	...	164	82
1960	...	...	...	79	51

The agents identified were:—

<i>Salmonella typhi murium</i>	...	...	...	12
" " " type 2c	...	...	...	6
" " " " 12	...	...	...	2
" " " " 29	...	...	...	1
" " " " 1a	...	...	...	1
<i>Salmonella bareilly</i>	...	...	...	1
<i>Salmonella brandenburg</i>	...	...	...	2
<i>Salmonella enteriditis</i>	...	...	...	1
<i>Salmonella virchow</i>	...	...	...	1
<i>Staphylococcus pyogenes</i>	...	...	...	1
<i>Clostridium Welchii</i>	...	...	...	23

There were two outbreaks of food poisoning in small hotels. In both instances the causative agent was identified as *Clostridium Welchii*.

Outbreak A

On the 9th June twenty-two cases of food poisoning were notified by a general practitioner, who was called to a small hotel in west Brighton. The main symptoms were diarrhoea and abdominal pain. Six further cases were ascertained by officers of the health department. The illness was mild and of short duration. The common item of food was found to be chicken liver paté. *Clostridium Welchii* was identified from faeces of three of the patients.

Outbreak B

The Deputy Medical Officer of Health was informed late on the 21st August by the proprietor of a small hotel in east Brighton that several of her guests were unwell. The main symptoms were abdominal pain and diarrhoea. Twenty-five individuals sickened. The illness was mild and of short duration. The common item of food was found to be cold turkey eaten at lunch on the 21st August. *Clostridium Welchii* was isolated from faeces specimens of five selected patients and from a remaining portion of the turkey.

It is interesting to note that poultry was the foodstuff involved. The main conclusions from both these outbreaks are inadequate cooking and cooling time prior to refrigeration, which aids multiplication of organisms and spore formation.

Puerperal Pyrexia

Sixty-two cases of Puerperal Pyrexia were notified to the Health Department (1959—73). All occurred in hospital.

Anthrax

As from 1st December, 1960, regulations were made by the Minister of Health whereby all cases of anthrax must be notified to the Medical Officer of

Health in addition to the Factory Inspector. This disease in its pulmonary form, can be mistaken for an attack of influenza.

Venereal Diseases

New local cases treated at the Brighton Special Treatment Centre:

				1960		1959	
				M	F	M	F
Syphilis	...	...	...	8	5	4	6
Gonorrhoea...	...	...	...	96	26	89	16
				<hr/>		<hr/>	
Other conditions	...	...	...	104	31	93	22
				225	81	210	62

The total number of patients attending the Brighton Centre was 4,372.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal and Post-Natal Clinics

				<i>Number of Brighton cases attended</i>			
				Ante-Natal Attendances		Post-Natal Attendances	
Brighton General Hospital	...	...	...	979	9694	721	721
Sussex Maternity Hospital	...	...	...	820	9354	631	853
Municipal Clinics	...	...	...	784	4106	69	86

Ante-natal relaxation and post-natal exercises are taught in all of municipal the clinics.

PREMATURE INFANTS

Arrangements are in force whereby the weights of all children born are entered on the notification of birth cards, where the weight is 5½lb. or under. Special visits are made and, where necessary, premature babies can be admitted to the Royal Alexandra Hospital for Sick Children.

A supervision of records of these babies is maintained by the Health Visitor in co-operation with the Senior Assistant Medical Officer for Maternity and Child Welfare.

PUERPERAL PYREXIA REGULATIONS, 1951

The 62 cases notified all recovered. A register of cases is maintained in the Child Welfare Section and all notifications scrutinised and supervised.

CONTRACEPTIVE AND FAMILY PLANNING CLINIC

The clinic is held at Sussex Street Centre: Mondays 10 a.m. to 11 a.m.; Thursdays 6 p.m. to 7 p.m. Total number of attendances of the 55 Brighton cases was 62.

CARE OF UNMARRIED MOTHERS AND THEIR BABIES

The Council contributes to the funds of the Chichester Diocesan Moral Welfare Association and in addition contributes to the maintenance of Brighton women and their babies for the necessary duration of their stay in Homes. The Association also provides the services of Social Workers.

Accommodation was provided for 31 in 1960, 17 in 1959 and 17 in 1958.

CHILD WELFARE CENTRES

At the end of the year there were 17 child welfare centres. Two centres have two sessions a week, 14 have one session a week and one centre has one session a fortnight.

Analysis of gross attendances:

	Number	Attendances	Average attendance	
			per person	per session
Children 0-12 months	2405	23078	9	46
1-5 years	1670	9875	8	23

Number of medical consultations given totalled 8,952.

<i>Defect</i>					<i>Number</i>
Orthopaedic ... ..	...	...	...	...	294
Eyes ... ..	...	...	...	...	54
Skin ... ..	...	...	...	...	45
Dental ... ..	...	...	...	...	270
Other ... ..	...	...	...	...	30
Speech Therapy ... ..	...	...	...	...	12
Total ... ..	...	...	...	...	705

ORTHOPAEDIC SERVICE

Of the 440 children under 5 years treated at the Orthopaedic Clinic during the year, 44 were new cases seen by the Surgeon, 76 were re-examinations to the Surgeon's clinic. One child was admitted to the Royal National Orthopaedic Hospital, Stanmore. The total number of attendances at the Orthopaedic Clinic was 1,818.

MATERNITY AND CHILD WELFARE

One session per week was reserved by the Principal School Dental Officer and by each of the three School Dental Officers for the treatment of mothers and children under 5 years of age.

X-rays are carried out at the School Clinic.

By arrangement a private dental technician supplies dentures as required and the necessary work is carried out in his workshop.

(a) Numbers provided with dental care:

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	40	40	40	28
Children under five	447	116	116	106

(b) Forms of dental treatment provided:

	Extractions	Fillings	Scalings or scaling and gum treatment	Silver nitrate treatment	General Anaesthetics	Dentures Provided	
						Complete	Partial
Expectant and Nursing Mothers	83	42	199	—	7	10	6
Children under five	73	143	642	183	35	—	—

DEPRIVED CHILDREN

Close co-operation is maintained with the Children's Officer who notifies the Health Department whenever a deprived child under five is moved to a new address. This enables the Health Visitor to pay routine visits as required for all children of this age group.

Under existing arrangements, visits are paid to establishments where the well-being of deprived children is in doubt. Special examinations of children are made at the request of the Children's Officer.

NURSERIES AND CHILD MINDERS REGULATIONS ACT, 1948

There are no child minders on the register.

Two day nurseries are on the register; there were no registrations during the year.

Day Nurseries are visited periodically by a Medical Officer and a Health Visitor to ensure that the regulations under the Act are complied with.

MUNICIPAL DAY NURSERY

The Brighton Corporation maintains the Manor House Day Nursery, where there is accommodation for 12 children from 9 months to 2 years of age and 24 from 2 years to 5 years; during the year the average daily attendance was 23.

Prior to admission the children must be seen by a doctor to ensure that they are free from infection and infestation.

Medical supervision is carried out by a Senior Assistant Medical Officer.

Charges are made after an assessment according to income, which range from 1s. 6d. to 5s. per day. Weekly visits are made by the Medical Officer in charge and further checks made especially with regard to those children who have a defect or who are suffering from minor ailments.

A mid-day meal is provided.

Survey for 1960

127 *Mothers* were interviewed at the Day Nursery with regard to placing their children.

49 *Children* were admitted.

16 *Children* went to school.

8 *Families* left the district.

Many children stay for short time only. No reason is given for withdrawing a child, but perhaps the monetary gain is not sufficient for the effort after paying nursery fees and bus fares.

Some mothers often make enquiries for vacancies but fail to find employment and so do not take up places offered.

A few children attend very irregularly.

Illness in 1960

2 children had mumps.

2 children had chickenpox.

Several exclusions were made during the year due to mild "pink eyes".

The most common reason for absence was upper respiratory infections.

The total number of children on the register at the end of the year was 33.

MIDWIFERY

DOMICILIARY MIDWIFERY SERVICE

Staff

One Superintendent and ten midwives. One Senior Midwife acts as Deputy Superintendent.

Three Midwives resigned during the year—two new appointments were made. Two Midwives attended refresher courses as required by Rule 63 of the Central Midwives Board.

Student Nurses from the Royal Alexandra Hospital continued to visit the patient each month to observe the midwife's care of the mothers and babies.

Mothercraft classes were held during alternate months; fifty-five mothers attended.

Ante-Natal Clinic

10 sessions held weekly by the midwives:

5—Sussex Street

2—Moulsecoomb

1—Whitehawk

2—Woodingdean

Total number of mothers delivered: 534, with 531 live births and 3 stillbirths.

Medical Aid was required for 150 patients as follows:—

During Pregnancy

Acute abdominal pain	1
Rh. antibodies	1
General medical examination	2
Pre-eclamptic toxæmia	7
Ante-partum hæmorrhage	15
Foetal distress	2
Early rupture of membranes	4
Post maturity	4

For Infant

Prematurity	4
Malformations	1
Facial palsy	1
Cyanosis	4
Haemorrhage disease	2
Umbilical hæmorrhage... ..	1
Ophthalmia	8
Skin lesions	2
Respiratory infection	1
Phimosis	1
Vomiting	1

In Labour

Premature labour	3
Malpresentation	12
Delay in labour	12
Post-partum hæmorrhage	6
Retained placenta	3
Ruptured perineum	29

During Puerperium

Suppression of lactation	3
Breast infection	4
Pyrexia	8
Thrombo-phlebitis	2
Cystitis	2

The Emergency Obstetric Unit was called out for 4 patients as follows:

Post-partum haemorrhage—1
Retained placenta and post-partum haemorrhage—1
Malpresentations—2

These mothers responded well to treatment.

The domiciliary midwives continued the care of 97 patients discharged from hospital early in the puerperium.

All the midwives are car drivers; 6 use Corporation cars. During the break in telephone communication caused by flooding the midwives were able to take over a car fitted with a radio set from the ambulance station and the service was able to continue with the minimum delay.

The continued use of the Emergency Telephone Service has made it possible for a midwife to be contacted with the minimum amount of delay.

Distribution of Midwifery Cases

Hospitals and Nursing Homes	Number of Midwives Practising	Number of beds	Number of cases from Brighton		Total number of cases		Total of all cases
			Doctor present	Doctor not present	Doctor present	Doctor not present	
Brighton General	18	70	166	786	230	982	1212
Sussex Maternity	25	62	137	601	258	1032	1290
TOTAL ...	43	132	303	1387	488	2014	2502
Domiciliary	9	—	236	298	236	298	534
Municipal Midwives	2	—	—	—	—	—	—
Private Midwives							
TOTAL ...	11	—	236	298	236	298	534

Midwives Act

Under the Rules of the Central Midwives Board 69 midwives notified the Local Authority of their intention to practise within the Borough.

HEALTH VISITING

Staff

The end of 1960 saw an increase of 3 in the Health Visiting establishment making a total of 25:

One Superintendent Health Visitor.

Two Old People's Health Visitors.

Twenty-two District Health Visitors (including three full-time and one part-time) at the Chest Clinic.

Four Clinic Nurses have carried out duties in Child Welfare Clinics, Ante-Natal and Poliomyelitis Clinics and as relief at the Chest Clinic.

One Health Visitor resigned in September and four new appointments have been made, one to replace the member who resigned, and one as assistant to the Old People's Health Visitor, and two extra District Health Visitors to enable present case loads to be reduced in view of extra work resulting from the Mental Health Act, 1959.

Health Visitors will in the future visit the severely sub-normal children up to 16 years. This duty is at present carried out by a Welfare Officer in the Herbert Hone Clinic.

Three Health Visitors commenced School Health duties in Infants' Schools as from September 1960 (see p.14 Principal School Medical Officer's Report). The revision of the Central Midwives' Board Rules in August 1960 has resulted in the earlier discharge of mothers from hospital or the care of the midwife with a consequent increase in visiting the home by the Health Visitor.

Preparations for de-centralisation of the Woodingdean/Rottingdean/Ovingdean and Saltdean areas, to take place in January 1961, were well in hand in December 1960. Arrangements have been made for the three Health Visitors working in this part of the town to have their office in Hazel Cottage Clinic.

Health Education

Health Education has been continued by individual advice to parents in homes and clinics, and talks to various groups in Clinics and to outside organisations.

Weekly Parentcraft classes have been held at Sussex Street Clinic for expectant mothers and Health Visitors have again collaborated with midwives in sharing these duties.

Two Health Visitors have continued to act as lecturers for the Health Visitors' Training Course, and for Student Nurses in Hospital, and Student Queen's Nurses.

One Health Visitor is assisting the School Health Visitors with talks to the 14-15 years age groups in schools (see p.14 Principal School Medical Officer's Report).

Altogether 90 sessions have been spent during the year in talks and lectures, including those specified above and to many voluntary organisations who have asked for speakers on health subjects.

Students have again been welcomed and assisted by the staff. All the Student Health Visitors in the Brighton training course have had practical experience with Health Visitors on their districts and in clinics.

Refresher Courses

Four Health Visitors attended Refresher Courses in London, Oxford and Nottingham. The Superintendent Health Visitor attended a Mental Health Course arranged by East Sussex County Council at Lewes and Eastbourne.

Care and After Care

Liaison with the General Practitioners, and Children's Hospital, and the Paediatric Clinic at Sussex Maternity Hospital, and many other agencies (voluntary as well as statutory) has been continued by the Health Visitor as a means of maintaining the health of the families on her area.

Chest Clinic

The staff at the Chest Clinic have maintained the domiciliary side of their work, but the lack of transport (a corporation car was available in 1959) has resulted in a reduction of the number of visits—3,808 in 1959, and 2,416 in 1960. If the whole town is to be covered adequately a car is essential to the work of this section.

Old People

3,134 visits have been paid by the District Health Visitors for follow-up and supervision of old people on their areas and 699 extra visits have been made by District Health Visitors assisting the Old People's Health Visitor one day weekly throughout the year and also on holiday relief.

HOME NURSING

The statutory duty of the Local Health Authority is carried out by the Brighton District Nursing Association (Queen's Nurses).

The establishment is 36 (including 3 Administrative and Supervisory Nursing Staff).

Total number of cases nursed, 3,660 (including 66 tuberculosis).

Total number of visits made, 126,811 (including 3,393 tuberculosis: also included are 40,654 visits for injections).

In the case of sick children the District Nurse visits and where they are very ill or require special care the Assistant Superintendent also visits.

Night sitters were called out on a number of occasions.

747 new patients received nursing equipment on loan.

14 students were trained during the year of whom 8 were for the Brighton area.

The Association's funds were used for helping patients, where there was urgent need, with extra food, coal, personal and bed linen, etc.

The Superintendent comments:

'The number of new cases nursed is less than in 1959 although the visits given show an increase on those for 1959. The reason for the decrease in new cases is probably due to the greater use of oral diuretics and antibiotics. This is reflected particularly in the number of pneumonia cases nursed and the decrease in the visits given for injections only.

'The number of cases of cancer has increased and these patients often require prolonged and skilful nursing care.

'As a result of the recruitment of a full complement of nurses it has been possible to achieve a better standard of nursing care and to increase the number of visits during the year, in spite of the reduction in the working week from 48 to 44 hours which became effective in April 1960.

'The improvement of the social services has done much to help in the nursing of patients in their own homes but difficulties are still experienced by an insufficient laundry service, night attention panel, or enough home helps to provide meals and cover the domestic cleaning. These difficulties are always increased on Saturday and Sunday and during public holidays.

'More patients have needed the loan service—1,963 items were given out in emergencies against 1,635 in 1959. The British Red Cross Society and the St. John Ambulance Brigade loan services provide for long term loans and non-urgent requirements.

'I should like to record my appreciation of the help and advice accorded me by the members of the Health and Welfare Departments and particularly of the co-operation given through the Senior Old People's Health Visitor.

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

Record cards were received for 2,253 persons as follows:

	Under 1 year		1-4 years		5-14 years		Total under 15 years		15 years and over
	No.	Percent-age	No.	Percent-age	No.	Percent-age	No.	Percent-age	
Primary ...	546	26.63	728	9.16	64	0.30	1338	4.23	101
Re-vaccination	—	—	—	—	89	0.41	89	0.28	725

Immunisation against diphtheria or whooping cough, diphtheria/whooping cough or diphtheria/tetanus or diphtheria/whooping cough/tetanus

	<i>No. who received primary immunisation</i>			<i>No. who received booster injection</i>		
	<i>Age</i>		<i>Total</i>	<i>Age</i>		<i>Total</i>
	<i>Under 5</i>	<i>Over 5</i>		<i>Under 5</i>	<i>Over 5</i>	
Diphtheria only	10	11	21	5	121	126
Whooping cough only	7	1	8	—	—	—
Diphtheria/Whooping cough jointly	84	9	93	10	25	35
Diphtheria/Tetanus jointly	53	181	234	8	1931	1939
Diphtheria/Whooping cough/ Tetanus jointly	1697	56	1753	78	227	305

In addition during the year 45 children received injections but did not complete the course.

Children are immunised at the 17 Child Welfare Centres and in addition, a session for school children is held once a week at the School Clinic.

Vaccination against poliomyelitis

	<i>During 1960</i>	
	<i>Completed two injections</i>	<i>Completed "booster" (all ages)</i>
Born 1921-1932	2641	
Born 1933-1942	1183	
Born 1943-1960	2307	11988
Others	262	
TOTAL	6393	

Yellow Fever Vaccination (see p.38)

B.C.G. Vaccination (see p.28)

Study of Oral Poliomyelitis Vaccine

A small clinical study on the attenuated (non-virulent) poliomyelitis vaccine given by mouth was undertaken on behalf of the Medical Research Council. The main purpose of the Study is to ascertain the most satisfactory dosage schedule.

With the co-operation of family doctors who approached parents of children between 6 and 12 months, it was possible to undertake tests on 17 children who had not previously received injections against poliomyelitis.

AMBULANCE SERVICE

The total cases conveyed increased by 4,505, the greater part being patients conveyed to hospital for treatment and return.

Mileage increased by 12,402, but miles per case journey have further decreased.

There has been a small increase in admissions and discharges to hospitals, also in inter-hospital removals, maternity, rail and Hospital Car Service journeys.

The number of accident and medical emergency cases has decreased as have mental cases, infectious disease cases, and patients conveyed for other ambulance services.

The Service training school commenced in June. This provides initial, refresher and progressive training of staff in all aspects of their duties. The training has been enthusiastically received by all staff and the general standard

of work performed has already shown marked improvement, particularly by the general introduction of a series of standard methods taught in the syllabus.

In Competitions the Service had a most successful year, taking the first three places in the Buxton Trophy Eliminating Round, and winning the Jarvis Trophy for the fourth successive year, also in the same Competition they won the Excell Trophy in the diagnosis section.

In the Buxton Trophy National Finals, the Service took second place, being beaten by five marks by the Staffordshire County Police. In the National Ambulance Services Efficiency Competition, the Service won the South East Regional Round, winning the Wadham Trophy against fourteen local health authority ambulance service teams.

In the National Finals held at the Fire Service Training Centre, Moreton-in-the Marsh, in September, I had the pleasure of seeing the County Borough of Brighton team win the coveted Pye Trophy with 74.8% of total obtainable marks, and closely followed by Hertfordshire County Council 73.9% marks, and Lancashire County Council with 71.1% marks.

This is the first time that the National Trophy for all official ambulance services has been brought to the South-East Region.

Visits by groups of members from 12 organisations have been made to the Ambulance Station to receive a talk on the Ambulance Service and to inspect the Station and vehicles. A total of 200 people attended.

Officers of the Service visited 11 organisations to give talks and show the Health Department film.

Several talks were given to School Meals Services staff on the elementary principles of First Aid, mainly from the aspect of industrial hazard.

I wish to acknowledge the assistance of the voluntary members of the British Red Cross Society and St. John Ambulance Brigade in acting as escorts to patients sent by railway.

For statistics of this Service see page 44.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE—TUBERCULOSIS:

	Deaths 1960	Rate per 100,000 population	No. of New Cases 1960	Rate per 100,000 population
Pulmonary tuberculosis	13	8.08	82	50.98
Non-pulmonary tuberculosis	2	1.24	4	2.49
All forms	15	9.32	86	53.47

The number of deaths (15) is the lowest recorded and is the same as for 1959.

The following table gives the number of primary notifications and other new cases which came to notice otherwise than by formal notification; also deaths from all forms of the disease.

Age Periods	New Cases				Deaths			
	Pulmonary		Other		Pulmonary		Other	
	M.	F.	M.	F.	M.	F.	M.	F.
0-1	—	—	—	—	—	—	—	—
1-4	1	—	—	—	—	—	—	—
5-9	—	—	—	—	—	—	—	—
10-14	—	—	—	—	—	—	—	—
15-19	1	1	—	—	—	—	—	—
20-24	6	5	—	1	—	—	—	—
25-34	9	4	—	—	—	1	—	—
35-44	8	2	1	—	—	—	—	—
45-54	5	3	2	—	2	—	—	—
55-64	17	5	—	—	6	1	1	—
65 and upwards	14	1	—	—	3	—	—	1
Totals	61	21	3	1	11	2	1	1

11 of the total of 15 deaths occurred in hospital; of these 10 died in Brighton hospitals and 1 in other hospitals.

11,970 attendances were made at the Clinic during the year, of which 3,614 were by new cases.

68 patients were visited in their own homes and in hospital during the year.

64 artificial pneumothorax refills were done during the year.

496 new contacts to cases of tuberculosis were examined during the year; of these, 3 were found to need institutional treatment on first or subsequent examination.

B.C.G. Vaccination

The Ministry of Health directs that B.C.G. Vaccination should be offered to tuberculin-negative contacts of cases and 214 vaccinations were made during the year. B.C.G. vaccination has been readily taken up and many requests for its use are made.

B.C.G. Vaccination of School Children (13 years of age and over)

	Maintained Schools		Independent Schools	
No. of eligible students	1648		455	
No. of consents received... ..	1339		276	
No. skin tested	1235		275	
Positive reactors to skin test	220		77	
Post-vaccination positive	46		4	
Vaccinated	907		188	
	1960	1959	1960	1959
	%	%	%	%
Consents received as % of those eligible	81.2	74.2	60.7	77.1
Positive reactors as % of skin tests ...	17.8	17.2	28.0	21.7
Positive reactors + those vaccinated as % of those eligible	71.1	58.6	59.1	67.9

The increase in the percentage of acceptances in maintained schools continues. This year's figure of 81.2% is very satisfactory and may be taken as an indication that B.C.G. Vaccination has come to be accepted by parents of children attending these schools.

Colleges of Further Education

No. of eligible students	1850
No. of consents received	927
No. skin tested	854
Positive reactors to skin test	396
Post-vaccination positive	26
Vaccinated	354
	1960
	%
Consents received as % of those eligible... ..	50.1
Positive reactors as % of skin tests	46.4
Positive reactors — those vaccinated as % of those eligible	41.9

B.C.G. Vaccination of Older Students

A high percentage of positive reactors was found in Colleges of further education where B.C.G. vaccination was offered for the first time this year. This is partly due to the fact that these older students have had a wider range of social contact and partly due to the large number of overseas students. This latter fact has previously been noticed at a local independent school where 90% of the students came from Europe and the Middle East. This year the percentage of positive reactors in reading of skin tests at this school was over 77%.

All positive reactors were referred to the Chest Clinic for further investigation.

The Mass Radiography Unit operated in Brighton for several months during the year. 215 cases have been referred to the Chest Clinic from the Unit.

Many cases and their families have been rehoused during the year, and considerable assistance has been rendered by the Housing Committee where conditions have been difficult.

Home Visits by Tuberculosis Health Visitors:

Primary visits	98
Re-visits	1904
Special visits... ..	414
Total	2416

Home Nursing by Queen's Nurses of the Brighton District Nursing Association:

	No. of patients	No. of visits
Pulmonary tuberculosis	61	3121
Non-pulmonary tuberculosis	6	272
Total	67	3393

Rehabilitation

The tuberculosis case maintained at Papworth Village Settlement was colonised in October. One case is maintained at the British Legion Village, Aylesford.

Travelling assistance

Assistance towards the cost of rail fares to visit relatives in hospital was granted in 3 cases.

Occupational Therapy

Three sessions a week are held in the Health Department workroom with a demonstrator in attendance. Fifty patients made 1,704 attendances at the 143 sessions held. In addition the demonstrator visited 10 patients in their own homes on 76 occasions.

ASSISTANCE FROM HEDGCOCK BEQUEST

								£	s.	d.
Christmas parcels	...	...	...	...	...	...	...	51	11	8
Chiropody	...	...	...	...	...	...	...	85	15	11
Repairs to property	...	...	...	...	...	...	...	1	9	6
Assistance towards arrears of payment on gas account	...	...	...	...	...	...	...	6	0	0
Assistance with cost of fares to visit relative	...	...	...	...	...	...	...	11	0	0
								<hr/> £155 17 1 <hr/>		

PREVENTION OF ILLNESS—CARE AND AFTER-CARE—OTHER

Care of the Aged

Number on the register 1/1/61	...	...	...	...	...	...	...	3072
Number of visits by Old Persons' Health Visitor	...	...	...	...	...	...	...	1086
Number of visits by District Health Visitors	...	...	...	...	...	...	...	(see page 24)
Number of contacts made with other agencies (e.g., G.P., Hospitals, W.V.S., Deaf and Blind Welfare) by Old Persons' Health Visitor	...	...	...	...	...	...	...	783
Number of interviews	...	...	...	...	...	...	...	371
Laundry service arranged for old people	...	...	...	...	...	...	...	77
Home Help arranged for old people	...	...	...	...	...	...	...	292
Meals on Wheels	...	...	...	...	...	...	...	60
Number of convalescent holidays arranged for the aged other than hospital requests	...	...	...	...	...	...	...	80
Chiropody arranged for old people	...	...	...	...	...	...	...	102
Night sitters	...	...	...	...	...	...	...	20
Waiting list for Welfare Homes	...	...	...	...	...	...	...	550

Transport to and from the Baths has varied in number according to the personnel available at the Cleansing Centre, but has not increased very much during the year.

Home Helps although supplied as soon as possible are often not available immediately and neighbourly help has been stretched to breaking point and is, therefore, not renewed, which is unfortunate. For infirm old people living alone the problem of blanket baths has been difficult to solve as Queen's Nurses are unable to attend to these cases unless there is a difficult disability or sickness. It is not possible to obtain voluntary aid from the Red Cross owing to their lack of personnel.

The most outstanding feature of this year's work with regard to the care of the aged is the acute problem of obtaining accommodation in hospital or Welfare Home. Geriatric beds are almost unobtainable for those long-stay cases where permanent help is required owing to the fact that domiciliary services cannot cover 24-hour care. Aged relatives and young families who have been doing their best are driven to place the patient in a nursing home they are unable to afford, and by doing this are making themselves legally responsible for the debt they cannot meet and which is not of a temporary nature. This brings an added and severe social and medical problem to the aged person, already tottering, as well as stress to young families already with heavy commitments of their own. The picture is just as black as far as accommodation in Part III Welfare Homes is concerned or private old people's homes registered by the Welfare Department. There is a long waiting list for the former; the fees for private homes have been raised considerably and even with the aid of National Assistance there is a balance which remains to be made up by other means including the family nest-egg which is swallowed up in a short space of time.

In some cases rehabilitation has already been achieved by the hospital but deterioration then takes place due to the lack of assistance to keep the old person up and about while awaiting admission to a home or other more suitable accommodation. This shows up the urgent need for organised day-time occupation. Even if the home is suitable old people should have some incentive to get up and get dressed. A Day Centre at the Brighton General Hospital is fulfilling a very useful purpose.

Loneliness

This can be a crippling affliction. It robs old people of all interest in themselves so that appearance and health both mental and physical, suffer.

The background and the degree of mental activity vary enormously among the old persons visited by the Health Department. Some old people get much pleasure from old people's clubs and other places of amusement or their church. Some, who are housebound or bedridden, enjoy a radio, television or books. Others who lack these amenities could benefit by a visitor who could bring them papers, magazines or books or arrange for the charging of a battery or the repair of a radio.

Re-housing Old People

Much consideration has been given to the numerous requests where frequently much inconvenience and hardship exists. Re-housing is done wherever possible.

There is also a hardcore of old people living in old-fashioned inconvenient premises where heating and lighting cause considerable risk of fire, but who refuse to move. It is often felt that the upheaval of moving to new surroundings and neighbourhood would be seriously detrimental to their health and undermine the security so necessary to the old person.

Convalescent and Recuperative Holidays

A large increase in the applications for recuperative holidays was noted over the past year. This service was extended to all age groups as the table shows.

Children	...	...	...	...	16
Mothers with children...			...	M	10
				C	12
Adults	...	...	...	...	33
Geriatrics	...	...	...	...	100
Mentally sick patients...			...	...	7
					<hr/> 178 <hr/>

In every case much care is taken to place the patient in surroundings which will make him feel at ease. This involves waiting in some cases for a suitable vacancy, as experience has shown that unless patients are able to settle easily they derive little benefit from their stay away from home. This applies particularly to elderly people some of whom eventually refuse to go away at all because of their anxiety at facing strange surroundings.

Use is made of Convalescent Homes within easy travelling distance of Brighton, but these cater for a strictly limited type of patient, and particular difficulty is found in placing mothers with children, those over 70 and those with severe cardiac trouble, hemiplegias or other physical disabilities requiring

extra personal attention. We are greatly indebted to the private individuals, many with some nursing experience, who have taken patients into their own homes and given that extra personal care and interest so necessary in aiding recovery. We would welcome more such offers, particularly during the summer months when our assistance is sought in placing elderly patients so that their relatives may take a much needed rest. This also applies in the case of mentally sick patients living at home.

SECTION 47, NATIONAL ASSISTANCE ACT, 1948

Mrs. G. aged 77 years

This old lady lived in a house off the seafront which she owned, occupying the ground floor flat consisting of two rooms, the kitchen and the toilet. The rest of the house was let off in flats from which she drew the rent.

In January 1959 she was found to be wandering in the street in bare feet, looking neglected and dirty. She was visited by the Welfare Services Department but refused all offers of help, insisting that she had food in the house and that she took all her meals out at hotels. Mrs. G. was referred to the Health Department, and was visited by the Old Persons' Health Visitor who was only allowed in the hall. After conversation she again refused help and the tenant in the flat above was interviewed, who stated she gave coffee and cakes daily to the old lady as she wandered up and down asking for help. She also had "attacks of tantrums", left on gas taps and was thoroughly antagonistic and at times almost violent.

Mrs. G. was a refined woman, but of a strong dominant personality and extremely independent. She had one son who visited weekly and managed the financial affairs of his mother and who was overwrought and worn out by this most difficult and disagreeable old lady. Apparently deterioration was noticed over the last two years and the old lady was getting extremely confused and forgetful and was filthy in habits and person.

Over the next seven months frequent visits were made by the Old People's Health Visitor to try to make some contact with her and many discussions took place with the son as regards his mother's care. Mrs. G. declined to accept all help but was up and about and did get occasional meals. At one point it was arranged for a cafe nearby to take in a daily meal. This was done but after one month the old lady refused to accept the meal when it was delivered.

Her son had great difficulty in letting the flats owing to his mother's attitude and behaviour. A doctor visited the house but was asked to leave by Mrs. G. who refused to be examined.

In January 1960 Mrs. G. was found to be placing articles of clothing on an electric fire and due to the smoke from the smouldering garments the Fire Brigade was called in. A time switch was fixed to control the use of the electric fire, but was disconnected by the old lady.

In April 1960 an urgent call was made by a neighbour as Mrs. G. was throwing a bucket of excreta on the floor in the bedroom, soaking the carpet. She was visited by the Public Health Inspector at whom she threw a vase and ordered him off the premises. At the request of the family doctor a geriatrician visited but was also unable to examine the old lady. Action under The Mental Health Act was not possible as Mrs. G. was rational at the time of visit, and remained so during subsequent visits.

On 7th May, 1960, she was visited. No evidence of the slop pail or excreta was found. Mrs. G. refused all offers of help but the rooms appeared dirty and it was doubtful whether the bed was ever slept in.

The Old People's Health Visitor continued to visit until the end of May when Mrs. G. became unable to obtain food from tenants. Her clothing and person were neglected and soiled with faeces. Her rooms were dirty and chaotic, being piled with soiled clothing and bedding and dirty rags which had been used to wipe up excreta.

Accommodation was found by the son, and his mother was taken to see it but she again refused. Finally, a Court Order was obtained for removal to a Welfare Home. Mrs. G. never settled down and was admitted to St. Francis Hospital after two months and has since died.

Mrs. K. aged 78 years

This very independent old lady had been known to the Health Department and the Old People's Health Visitor for four years before she became in need of residential care in February 1959. She lived in a terraced house consisting of three bedrooms, sitting room, dining room, kitchen, bathroom and toilet. The house was kept in an immaculate condition. In February 1959 Mrs. K. who had been self supporting, started to deteriorate mentally, becoming very forgetful and confused at times. Mrs. K's sister came to stay with her for a few weeks to clear up the house which had become neglected and dirty and during this time arranged accommodation for Mrs. K. in the vicinity of her own residence but this was refused and the old lady became extremely antagonistic towards her sister, who returned to her own home as she was unable to help further.

Mrs. K. was visited frequently by the Old People's Health Visitor who was already known to her and persuasion was tried to get Mrs. K. to accept a Home Help but without success. In the meantime friends who lived locally also visited weekly and did the shopping and drawing of pension, etc.

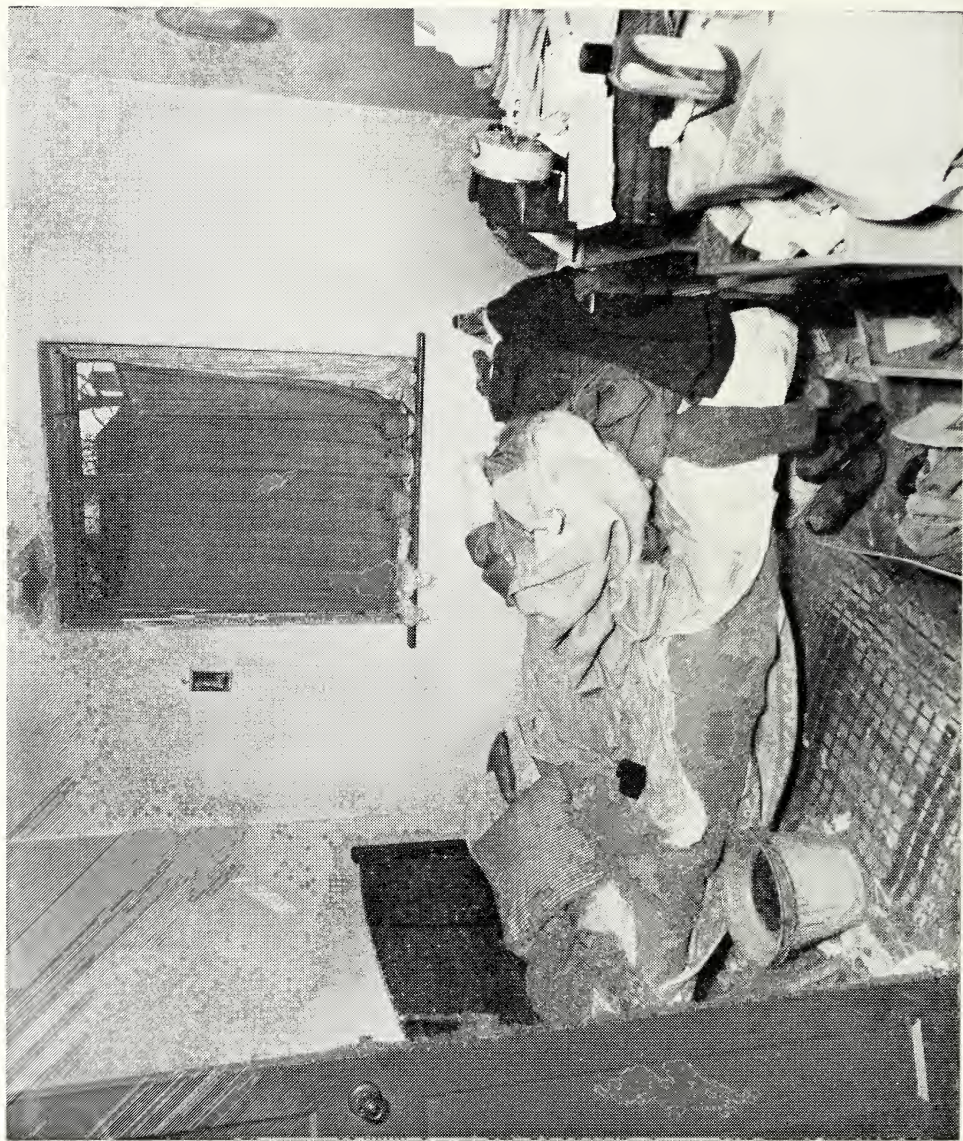
In July conditions became worse. The home was again dirty and neglected except for the front sitting room and kitchen and the curtains hung in tatters at the windows. The old lady managed to get out and do some shopping but owing to her forgetfulness was not reliable with regard to her purchases and money affairs. Meals on Wheels were delivered and were refused after about six weeks. No action could be taken under the Mental Health Act as Mrs. K. was rational for long periods. In September the neighbours complained of Mrs. K. disturbing them in the early morning by knocking them up and pestering them with enquiries about relatives long since dead. Her friends were still visiting and she received food and other help from this source. Regular visits by the Old People's Health Visitor were continued.

In January 1960 Mrs. K. became very aggressive and abusive at times to her friends and neighbours. She locked herself in the back kitchen and on two or three occasions turned on the water taps and forgot to turn them off which resulted in flooding of the premises. Gas taps were left on and Mrs. K. became neglectful as regards her personal hygiene refusing to wash and undress herself when going to bed. She also became incontinent and dirty in habits. Several visits were made by the Medical Officer of Health and all offers of help were refused. Her friends were unable to continue as it became extremely difficult to gain entry to the house. Finally, on February 18th, Mrs. K. was removed to a Welfare Home where she settled down well.



The apathy of old age





INCIDENCE OF BLINDNESS

I am indebted to the Director of Welfare Services for the following information:

A. Follow-up of Registered Blind and Partially Sighted Persons

	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommends:				
(a) No treatment	2	2	—	26
(b) Treatment (medical, surgical or optical) ...	7	6	—	22
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	4	5	—	20

In the above table the figures given relate to the primary ocular disease given on forms B.D.8, but in

- (i) (a) Complications and sequelae are given in 8 cases, of which 3 are cataract and 5 others.
- (b) Complications and sequelae are given in 18 cases, of which 6 are cataract and 5 others.

Of the 35 cases in i (b) 30 were already patients at an Eye Hospital and 25 of these continued to attend. Two are prevented from having treatment by general health; one person has moved away and one told to attend again when Cataract increases. Surgical treatment for one other is recommended only if patient requests it as chance of success is very small. Four others are now attending hospital and treatment is recommended for one more if and when health permits.

The number of Forms B.D.8 received in respect of persons newly certified as blind or partially-sighted was 65.

B. *Ophthalmia neonatorum*

(i) Total number of cases notified during the year	19
(ii) Number of cases in which:	
(a) Vision lost	—
(b) Vision impaired	—
(c) Treatment continuing at end of year ...	—

EPILEPTICS AND SPASTICS

1. EPILEPSY

During the year 3 new cases of epilepsy were registered, 2 people died, and several left the area. The total number of epileptics included on the register at the end of the year was 25.

New Cases

Two of the new cases were children, a boy and a girl, one of whom had moved into the area, and the other case was an elderly woman.

Epileptic Colonies

During the year 3 adults were maintained at epileptic colonies by the Welfare Services Department.

Employment

Five people were in full-time employment.

Educational

One child was attending ordinary school and two were maintained at special schools by the Education Authority. One of the new cases was placed in a special school, but did not prove suitable.

General

Three cases were receiving long-stay hospital care, two attended the Welfare Services Department's Craft Centre, and one man attended the Medical Officer of Health's Occupational Therapy Centre.

2. CEREBRAL PALSY

During the year 2 new cases were registered, and at the end of the year the total number of cases of cerebral palsy included on the Welfare Services Department's register was 27.

New Cases

One of these was a child transferred in from East Sussex and another an elderly woman.

Part III Accommodation

One woman remains in one of the Corporation's Old Folk's Homes and two men are maintained by the Welfare Services Department in voluntary homes.

Holidays

During the year the Welfare Services Department arranged and paid for holidays for 4 adults.

Educational

The Education Authority maintained 3 girls at the Chailey Heritage Hospital School.

Home-Workers

One woman continues to carry on business as a chair caner.

YELLOW FEVER VACCINATION

The Vaccination Centre in Brighton has been taken over by the Local Health Authority. The first session was held on 5th July, 1960, and has continued twice weekly since then. The number vaccinated during the year was 449.

CHIROPODY SERVICE

Arrangements have been made for a Chiropodist to work on a sessional basis in Local Health Authority premises; she will commence duties in January 1961. The service will, at first, be for the aged, expectant mothers and handicapped.

Apart from the service provided by the Welfare Services Department, Chiropody has, in fact, been provided for the aged in their homes since 1955, payment being made from a charitable bequest (see Assistance from Hedgcock Bequest, page 30).

DOMESTIC HELP SCHEME

Applicants are assessed as to contributions towards cost on a fixed scale. Those found ineligible to receive the services of a helper either had relatives or other persons available, or no medical reasons for help existed.

Helpers (employed on hourly basis) at end of year ...	...	192
Hours worked by helpers ...	...	223,779
Applications for assistance received ...	...	1,407
Maternity cases given help ...	...	188
Acute sickness cases given help ...	...	211
Chronic sickness cases given help ...	...	84
Old age pensioners (not included above) given help...	...	1,006
Tuberculosis cases given help ...	...	27
Others ...	...	17
Total number of cases dealt with ...	...	1533

(Included in the above figures are 634 cases brought forward from 1959.)

The Cleansing Centre has undertaken laundering where it was considered necessary either because of the lack of facilities at the home or the condition of the articles to be laundered.

MENTAL HEALTH SERVICE

The Mental Health Service continues to operate from the Herbert Hone Clinic in Princes Street.

The Mental Health Act 1959 came into force on the 1st November, 1960 and has brought considerable alterations in the running of the service. All previous legislation regarding mental health has been repealed and all mentally disordered persons are now covered by one Act. As far as possible admissions to psychiatric hospitals are to be on an informal basis. As the result of this my Mental Welfare Officers are normally only called upon in cases where compulsory admission to hospital is necessary, although in many instances general practitioners call upon them for help and advice in other cases. There should be a reduction in the number of cases dealt with statutorily, but this will be offset by the fact that under the new Act the local health Authority is charged with considerable extra duties in relation to care and after-care of mentally disordered persons in the community.

Owing to the repeal of the Mental Deficiency Acts the term "mental deficiency" is no longer used and all such persons in the community are *mentally disordered sub-normal persons*. The only statutory notification remaining is that provided by the Sections of the Education Act 1944, amended by the Second Schedule to the Mental Health Act, which lays a duty on the education

Authority to notify any child to the local health Authority who is ascertained to be "suffering from a disability of mind . . . as to make him unsuitable for education at school". This new phrase replaces the term "ineducable" and this amendment reflects the view that sub-normal children are capable of education and training within the limits of their mentality. School leavers from the Woodside School for E.S.N. children are no longer officially notified, but by arrangement with the Education Authority, the Local Health Authority is informed of any such children who might benefit by being followed up by my officers after leaving school.

During the year the Local Health Authority's proposals for the Mental Health Service under Section 28 of the National Health Service Act were submitted to the Minister of Health and received approval. Steps have been taken to implement these proposals. An increased establishment of staff for the Mental Health Service has been approved, but although new appointments have been made these have partly been offset by resignations. There is a nationwide demand for suitable staff and owing to lack of training facilities only a limited number of trained Mental Welfare Officers is available. The long-term solution will be to appoint trainee Mental Welfare Officers as envisaged by the Younghusband report. These trainees would act as general assistants in the service and would be seconded for suitable training. They would ultimately provide replacements for existing staff, many of whom will be reaching retirement age in the next few years.

Plans for the new Training Centre in Coldean were passed by the Minister of Health and a tender accepted for the work. Work will be started early in 1961 and it is anticipated that the Centre will be opened some 12 months after the commencement of work.

Twice weekly visits are being made by your Mental Welfare Officers to St. Francis Hospital for case conferences with the Consultant Psychiatrists about Brighton cases where case histories are required or arrangements are to be made regarding discharge and after-care. These arrangements will improve still further the liaison between the Health Department and the hospital.

The O. & M. team of the Corporation carried out an investigation of the Section and made recommendations with regard to accommodation and the keeping of case records. These recommendations were implemented during the year, and a lateral filing system was installed. A single system of case files was introduced to replace the separate systems previously kept for each category of patient. This means that for each patient there is one casepaper, although the case may be dealt with in turn by a Mental Welfare Officer, a Social Worker or an Old People's Health Visitor.

At the end of December 1960 there were 44 sub-normal children and 252 sub-normal adults being visited and supervised by my officers.

Seventy-nine after-care cases were being dealt with by my officers and social workers.

There were eight cases of sub-normal persons under guardianship.

Regular visiting has been carried out to all cases under guardianship supervision and where requested those cases needing after-care following discharge from hospital or institution. Advice and help regarding well-being, employment, lodgings, etc., is given.

Training Centre

The number of cases attending the Centre, which is run by the Guardianship Society in Old Shoreham Road, at the end of the Christmas term was Junior Centre, 26; Adult Centre, 17.

Institutional Accommodation

The Regional Hospital Board still have a considerable waiting list of sub-normal patients for admission to psychiatric hospitals and this Authority has 13 cases on the list where admission will sooner or later be required, but in two cases urgency exists. Some difficulty is therefore still experienced in obtaining vacancies, although four permanent beds were obtained during the year.

Short-term Care

Under Circular 5/52 sub-normal patients may be admitted to suitable hospitals or institutions for periods not exceeding eight weeks in order to give parents some relaxation from the care of patients. Nine cases were so admitted during 1960.

It is with great pleasure that I record my appreciation of the continued active co-operation received from medical practitioners, police, hospitals, National Assistance Board and employment bureaux as well as other local and central government departments.

NURSING HOMES

All nursing homes within the Borough were visited during the year. Defects were brought to the attention of the nursing home keepers. An analysis was made at the time of each visit of the diseases which necessitated the patient being cared for within such a unit.

Distribution of Nursing Home Patients by Disease, and by Degree of Activity

<i>Disease Group</i>	<i>Ambulant</i>	<i>Semi-Bedridden</i>	<i>Completely Bedridden</i>	<i>Total</i>
Central Nervous System	5	10	3	18
Heart Conditions	10	10	11	31
Cancer... ..	3	6	7	16
Post-Operative	5	5	7	17
Old Age	64	50	24	138
Social Grounds	14	2	—	16
Rheumatism	4	9	6	19
	105	92	58	255

138 patients (57%; 1958—48%) were in a nursing home on account of their age, 64 of whom were ambulant. 150 patients (59%; 1958—57%) were bedridden.

The number of nursing homes on the register at the end of the year was as follows:

Maternity Homes	Nil
Other Homes	18
No. beds	289

NURSES' AGENCY

A nurses' agency was licensed in March. At the end of the year there were 17 State-Registered nurses, and 4 assistant nurses on the register.

VERMINOUS CASES

Individual verminous cases cleansed were as follows:

Cleansing Centre	...	...	...	15
Welfare Services premises	...	...	...	—
School Clinic Centre	...	...	...	733

BRIGHTON PUBLIC MORTUARY

During the year 284 deceased persons were removed to the Public Mortuary and 271 post mortem examinations were made.

The new Public Mortuary authorised by the Health Committee to replace the present building is expected to be ready for use in the spring of 1962. The new building will provide model facilities to meet all the requirements of the pathologist and others concerned.

WATER

I am obliged to Mr. F. Needham Green, B.Sc. (Eng.), A.C.G.I., M.I.C.E., A.M.I.Mech.E., A.M.I.W.E., F.G.S., Waterworks Engineer, for the following details of the Brighton Waterworks Undertaking.

1. The water supply of the area has been satisfactory in quantity and quality.

2. Bacteriological examinations of both raw and treated waters were made at weekly intervals in the Department's laboratory except in certain instances where bacterial pollution was present in the raw waters, when samples of both raw and chloraminated waters were examined daily. The total number of raw and treated water samples examined from each of the Pumping Stations, together with a summary of the bacteriological results obtained, is given below.

Number of Samples Examined	No. showing presence of Coliform Organisms in 100 ml. or less	No. showing presence of Faecal Coli in 100 ml. or less (Raw water)	No. showing Coliform Organisms absent from 100 ml.
<u>1,227</u>	<u>158</u>	<u>103</u>	<u>1,069</u>

Colony counts on agar at 22°C. after 3 days and 37°C. after 1 day's incubation were generally low in number.

The increase in the number of raw water samples showing the presence of organisms of the coliform group has been due to the abnormally heavy and continuous rainfall during the last four months of the year which raised the general level of the water table to an unprecedented height. Five samples of treated water out of a total of 819 samples examined showed the presence of coliform organisms. Three of these were obtained from Mile Oak P.S. during the initial changeover period from the old to the new station, one from Shoreham P.S. and one from Southover P.S. where contact time with chlorine is short between the application and sampling points.

Abbreviated chemical examinations were carried out at weekly intervals throughout the year on all raw waters and a general chemical and mineral examination was made each month. Copies of the reports on these examinations made on raw waters in December 1960 are as follows:

	Date taken	pH	Alkalinity	Chlorides	Ammoniacal Nitrogen	Albuminoid Nitrogen	Oxidised Nitrogen	Oxygen Absorbed (3 hrs. at 27°C)	Temp. Hardness	Perm. Hardness	Total Hardness
Southover...	... 29-12-60	7.35	184.0	24.2	N 1	0.030	4.75	0.14	184.0	32.0	216.0
Patcham ...	... 14-12-60	7.25	177.0	22.8	N 1	0.032	4.20	0.12	177.0	53.0	230.0
Newmarket	IC 16-12-60	7.25	194.0	24.6	N 1	0.040	4.70	0.20	194.0	32.0	226.0
Mile Oak ...	... 14-12-60	7.25	175.0	24.6	Nil	0.038	4.65	0.20	175.0	61.0	236.0
Goldstone...	... 15-12-60	7.3	200.0	31.6	Nil	0.031	9.4	0.16	200.0	66.0	266.0
Shoreham...	... 5-12-60	7.25	188.0	40.6	Nil	0.036	6.65	0.22	188.0	58.0	246.0
Lewes Road	... 6-12-60	7.35	168.0	40.9	Nil	0.030	12.20	0.22	168.0	106.0	274.0
Balsdean ...	... 6-12-60	7.3	177.0	30.6	Nil	0.040	4.75	0.20	177.0	47.0	224.0

In addition to the foregoing, 2,053 daily samples from taps at fixed points on the district, have been examined bacteriologically, the results of which have shown the chloraminated waters going to supply to be of the highest standard of purity.

Bacteriological and abbreviated chemical examinations have also been carried out on 837 samples of water from service reservoirs. A total number of 5,149 samples have been examined in the Department's laboratory during the year.

3. Since all of the water is obtained from the chalk, there is little likelihood of any plumbo-solvent action, and no evidence of such action is apparent.

4. Chlorination, with post-ammoniation of all raw waters is practised continuously and surveys of the catchment area are regularly carried out. In the event of a raw water showing evidence of bacterial pollution, such surveys are intensified and appropriate adjustments of chlorine and ammonia dosage are made. In addition, bacteriological examination of the raw and chloraminated water is carried out at daily intervals.

5. The number of the population supplied from public watermains direct to the houses and from standpipes is as follows:

Town	Direct Supply	Standpipes	Population
Brighton County Borough	53,070	—	159,700
Hove Borough... ..	25,324	—	69,790
Portslade U.D.C.	5,172	—	15,190
Southwick U.D.C.	4,011	—	11,500
Shoreham U.D.C.	5,555	—	15,980
Lancing (Worthing R.D.C.)	5,203	—	12,860
Telscombe	1,265	—	2,700
Falmer (Chailey R.D.C.)	230	—	207
Pyecombe (Cuckfield R.D.C.)	55	—	382
Lewes Borough	4,724	2	13,620
	104,609	2	301,929

SANITARY CIRCUMSTANCES OF THE AREA

R. S. CROSS, F.R.S.H., F.A.P.H.I.

The environmental health aspects of the Borough have improved over the past twelve months in many directions. It has been a year of consolidation rather than of spectacular progress. The standard of living of the population, which has shown a remarkable rise during the past 20 years, has had a breathing space and an awareness of past gains has been evident. The financial restrictions imposed by the central government have halted the increasing rise and allowed a period for reflection. They have allowed for a better appreciation of the progress made and provide a starting place for further improvements. It is not possible to legislate for a percentage rise in living standards in each year: therefore there must be periods of great increase followed by short periods of enforced controlled, slower progress. The human being has a meal and must have a period for the digestion of that meal and this analogy can be applied to the betterment of his environmental conditions.

It is a most difficult task to assess the improvement in environmental conditions of the population in one year. The annual report is a factual report of the work undertaken in 12 months but this is much too short a period on which one can base a general assessment. Public health is a long term project: no spectacular improvements can be made overnight and the highlights of any annual report can only deal with immediate problems that have arisen and the means taken to deal with the localised situation. It is only by studying the problems and remedial measures that have been taken over a period of time that any true pattern emerges. The pattern of events and past experiences indicates future needs and purposes.

This is true for any branch of public health work whether in the field of housing, infectious disease, sanitation, food supplies and hygiene as well as in the medical sphere.

In regard to housing matters, one has to study conditions prevailing in the years immediately preceding the war years and the immediate post-war period. In those years the amenities of bathrooms, constant hot water, indoor sanitation, etc., were more or less considered to be luxuries. Today they are necessities and the time should not be far distant when any house without these amenities will be considered to be unfit for human habitation. This improvement in living conditions has taken time. Legislation has kept pace with public education and thinking and will proceed at that pace. A more enlightened public opinion will accelerate the pace of improvement. It took from 1919 to 1957 to obtain legislation defining an unfit house. This definition is still based on 1919 thinking but with the Act of 1957 and the introduction of improvement grants we should with some confidence look forward to the adoption of the standard of a fit house, recommended in 1938, within the next 10 to 15 years, and anything less than this should be considered to be unfit.

Further progress has been made in respect of the standard of housing for the population. Compulsory Purchase Orders under the slum clearance scheme have been confirmed by the Minister covering 338 dwellings. 34 families have been re-housed from Clearance Areas and 237 houses have been improved under the Improvement Grants Scheme. 753 houses have been repaired

following the service of notices by the Department. The Council have agreed that during the coming year effort is to be concentrated on the repair and improvement of property which has an estimated life of more than fifteen years. To this end it has been agreed to employ two additional Public Health Inspectors. Plans are being made to implement this policy early in 1961. Unless many of the older properties in the town are put into a state of thorough repair, and improvements made in the provision of modern amenities, they will continue to decay at an alarming rate and will eventually have to be cleared. To prolong their useful life is an economic necessity and housing improvement will have to be carried on until every family has a bathroom, indoor sanitation and hot and cold water supplies. There can be no relaxation of effort until this goal has been achieved.

In the field of food hygiene there has been further improvement. The Department is being called on, more and more, to give advice and guidance in the planning stage of new premises, re-equipping of existing food businesses, and re-planning proposals. There has been a significant increase in this advisory work during the past year, and because of the time that has to be given to these projects the visiting of existing premises has been slowed down.

The condition of some of the King's Road Arches was reported to the Court and in each case fines were inflicted on the occupiers for using premises which were, by reason of condition, situation and lack of ventilation, unfit for use as food businesses.

Particulars of the summonses appear in the body of the report.

During the latter part of the year a course of lectures were given to food handlers. The lectures were given under the auspices of the Royal Institute of Public Health and Hygiene and continued over a period of 13 weeks. Twenty-three students enrolled for the course and all but one who took the examination were successful in passing the terminal examination qualifying them to receive the Certificate in Food Hygiene of the Institute. His Worship the Mayor, Alderman A. J. M. Johnson, J.P., attended the prize-giving ceremony and presented the Certificates to each candidate. The two best students also received a prize donated by the Health Committee. This course was most successful and arrangements are being made to hold additional courses in 1961. Many multiple firms are interested in the courses and the foods trades associations also welcomed this innovation.

A survey was made of the coffee bars frequented by teenagers. Complaints had been received about noise and the conduct of the customers of these premises. Twenty-six coffee bars were inspected and in 21 of these premises no sanitary accommodation was provided for the customers in consequence of which nuisances were being committed in the immediate neighbourhood.

A survey of the schools in the Borough revealed deficiencies in the provision of sanitary accommodation, washing facilities and towels. Representations were made to the Education Committee with the result that these matters will be attended to during 1961. It was evident from the earlier maturing of female scholars, that provision has now to be made in Junior Schools for the disposal of sanitary towels. It was recommended that W.C.s provided with binettes should be easily identifiable by both scholars and cleaning staff. The doors of these W.C.s should be suitably marked and also fitted with bolts on the inside. The scholars would recognise the mark and the cleaning staff would know which W.C.s should have binettes and they would see that they were so supplied. This system is to be introduced in all schools where female pupils are over the age of 9 years. The disposal of sanitary towels will require special attention as new schools are being provided with electric, gas and oil heating installations. Disposal units should be provided and all

plans for new buildings should include units of sufficient capacity to deal with the maximum number of pupils.

CLEANSING CENTRE

The problems of patients receiving medical and nursing attention in their own homes and of home confinements are presenting difficulties which will increase considerably in the future. These relate to the disposal of fouled dressings and other matter.

With the adoption of electric, gas and oil heating systems in new houses, flats, schools and other buildings there are problems arising. There are no means of incineration of infective material from persons receiving the benefits of the home nursing services. Section 156 Public Health Act 1936 is limited in its scope as the only prohibition on placing infective material in a dustbin refers to infection from a notifiable disease. It is common knowledge that many soiled dressings from patients being nursed at home are evil smelling, nauseous and could lead to the transmission of infection, but they are not from persons suffering from a notifiable disease. All such articles should be burned, but modern construction and design of heating living accommodation precludes such means of disposal. The domiciliary midwife is also at some disadvantage in disposing of dressings and material after confinements. Nuisances can be created and such material should not be placed in dustbins. What is the answer to be? The provision of plastic bins or stout wet strength paper containers such as are used for house refuse to be provided for use by the home nursing and midwifery services with ancillary delivery and collection service? As far as is practicable, under present circumstances, the Cleansing Station staff co-operate with the home nursing service. The domiciliary nursing service notify the Department of their patients where it is necessary to dispose of dressings and special binettes are left behind.

The laundry service is working to maximum capacity. It has been agreed that an additional van should be provided for the collection and delivery service. Many deserving cases have had to be denied assistance. The number of persons served by the laundry service is 193. Most of the cases are incontinent and commercial laundries do not want this type of work. As the geriatric service expands because of the increasing number of old persons in the population, additional laundry facilities will be required. The present equipment cannot deal with more work than is at present undertaken.

FUTURE PROBLEMS

With the advent of the new Public Health Inspectors Education Board and consequent alterations in the examination system, thoughts are directed to the future developments in the environmental hygiene services. It would appear that with the gradual progression to more welfare work as the welfare state develops, some emphasis should be placed on this aspect of hygiene for future entrants to the service.

Developments which have already taken place, and are taking place, require the services of public health inspectors. The care of old people, home help service and home nursing services have made demands and with expansion of these services more will be required.

The new Mental Health Service will require the services of the public health inspector on inspection and registration of homes, treatment centres and domiciliary visits. The Younghusband Report stresses the need for co-operation between health and welfare teams of the local authority.

The time is not far distant when it will be necessary for all large authorities to have a Public Health Inspector to be a liaison officer so that our special knowledge and skills shall be fully available to all other sections who make up the Health team.

The following paragraphs will illustrate the kind of work and the problems already facing the Health team where the knowledge and training of public health inspectors can be usefully employed. The drains and dustbin era is long past, and although still forming part of the fundamentals of a healthy environment, they no longer take first place. It would be surprising if they did as it would be no creditable evaluation of our efforts over the past 50 years.

The acceptance by the public at large that the welfare of the aged should be to a certain degree a rate borne charge is revolutionary when one studies the background operating in the 1920's, when Boards of Guardians doled out relief in kind and shillings to the needy. Relatives, sons, daughters and others were asked, not always politely, to look after aged parents, etc., and the only prospect for many was to be taken to some prison-like institution. Progress has been made, admittedly slowly, but in keeping with public opinion on the matter. The lead has to be national and implementation local. The speed of local implementation often determines the standard of public opinion. A great deal more has to be done. Where money is available in an affluent society more will be done. The way is opening, the trends are there, the problems known and the future is the solving of those problems and moving forward into better times for all.

The responsibility of Local Authorities in the welfare of spastics, occupation and training centres for disabled and mentally sub-normal persons, the welfare and rehabilitation of persons suffering from mental illness has recently come into prominence. The public attitude towards mental illness has undergone radical change. The acceptance of the fact that mental disorders are in the nature of illness has done a great deal to dispel the fear of such patients that previously existed amongst the population. Revolutionary changes have been made in asylums, mental homes and with the onset of senile decay in the elderly.

The discharge of patients from treatment centres to their own homes will mean that public health inspectors take their part in the post-treatment and rehabilitation work. Domiciliary visits will, in most cases, have to be made. The period immediately following discharge to their own homes will be a critical period in rehabilitation. To return ex-patients to a house which is in a state of disrepair, in need of decoration, or a dark, damp basement dwelling, may have a deleterious effect on the person. To have workmen in the house carrying out repairs may be too much for a person to cope with: therefore it may be necessary to co-operate with hospitals, mental welfare officers, and psychiatric social workers in an endeavour to improve housing conditions prior to a patient's discharge.

A problem which is bound to occur, and is at present exercising the minds of Health Department staffs in the care of old persons, is that of cleanliness and state of decoration of property and rooms. When old people, in need of care and attention, are either accommodated in old folks' homes, voluntarily or under Section 47 Orders from the Court, the local authority usually disinfects the rooms vacated, remove all rubbish and generally clean the houses. Most of these old people, after treatment, can return to their own homes. It is a depressing home-coming for old persons, after clean, bright surroundings, to return to dingy rooms badly in need of decoration. Fortunately, a small amount of decoration work has been possible in the worst cases in Brighton. The decorative work has been paid for out of a charitable fund administered by the Council, but more of such work should be done. Elderly persons, on pension, cannot afford to have their rooms decorated and as this problem grows with the increase in aged populations, more will have to be done. These same remarks will equally apply to persons having suffered from mental illness. They have got well in bright, cheerful surroundings, and to return them to

dirty, dingy, drab surroundings will not be in their best interests. To colour-wash the walls and ceilings and the judicious use of colour would be of great benefit. The question is bound to arise "who is going to pay"? In the case of old age pensioners will it be the National Assistance Board on the certificate of the local authority? With mental illness this will be more widespread as such a service will cover persons of all ages. What formula can be worked out for this? Will it be on the local authority's "care and after-care" account? The means of persons affected will have to be considered should any such assistance to speed rehabilitation be found necessary. The early discharge of patients from treatment centres is necessary and home environmental conditions should, where necessary, be improved. No matter what financial arrangements may eventually be adopted, it will be at less cost than the maintenance of patients in treatment centres. Improvements produce their own particular problems.

STAFF

The year under review has been particularly difficult from the staff point of view, and resources have been stretched to the limit to keep pace with day-to-day complaints. It has not been possible to do more than this with a consequence that routine inspection of houses, food premises and other buildings has not been done. Legislation affecting environmental conditions increases each year bringing additional duties and responsibilities which have had to be undertaken by a depleted staff. The backlog of work grows week by week and it will take more than 12 months to regain lost ground when a full staff is available.

The number of Public Health Inspectors employed in the Department has not, for the past six years reached the establishment figure despite frequent advertisements. The shortage of Inspectors together with the Council's agreement to appoint two additional Inspectors prompted the responsible Committee to call for a report on proposals to enable the vacancies to be filled. It was agreed to place the District Public Health Inspectors on Grade APT III as from 1st April, 1961, with consequent adjustments for Senior Inspectors. This re-grading of posts should be a means of obtaining the necessary qualified staff.

SAMPLING

The Public Analyst, Mr. E. C. Branson of Messrs. Redman & Branson notified his retirement from practice as from 31st December, 1960. Mr. Branson was employed as Public Analyst by most Food and Drugs Authorities in Sussex. The partnership in this firm was offered to Mr. T. E. Rymer, deputy Public Analyst to the Surrey County Council. At a meeting of Sussex Food and Drugs Authorities it was agreed that Mr. Rymer be recommended for appointment as Public Analyst and he will commence his duties on 1st January, 1961.

Mr. Branson acted as Public Analyst for Brighton for 3 years and during this period his services were fully appreciated and gave general satisfaction.

As stated in last year's annual report the Nation's food supplies appear to be controlled by fewer firms each year. With amalgamations and take-over bids this concentration continues. This is not in all respects a good trend, as with the introduction by food chemists of substitute materials there is a certain amount of sophistication, if not adulteration, carried on. In most cases this alteration is not known to the general public and the housewife does not get the food she expects. Instances are almond icing without almonds, meringues made with cellulose base and containing no white of egg. Meat and fish pastes,

orange drinks and many other articles of food are not of the quality a housewife would expect. The substitute foods are wholesome, although having no food value, but the housewife should be told what she is getting for her money. The labelling of food and the claims made by the manufacturers should be carefully checked. The checking of claims made in regard to certain vitamin content of food can be a very expensive business. One sample could cost more than £100 in analyst's fees.

Many claims are made and directed to women by food manufacturers in regard to slimming properties of certain foods. Not all these claims can be substantiated and a detailed description of the ingredients of such foods would be a valuable guide to intending purchasers as to the merits of the advertised claims.

It came to my knowledge that a local baker was proposing to advertise a loaf produced by him as "Diabetic Bread". This bread was to be prepared partly from wholemeal flour and no salt was to be added. This was the only difference from the ordinary loaf—no salt. As the carbo-hydrate intake of diabetics is strictly controlled I was of the opinion that such a description attached to bread would give a false sense of security to diabetic patients as to the quantity of bread they should eat. I consulted the Bakers' Research Association and they agreed that a description as proposed, should not be applied to ordinary bread.

There are no regulations in this country regarding diabetic bread and flour confectionery. The Food Standards Committee report on Bread and Flour recommend that the term "starch reduced" should not be allowed to be used except where the carbohydrate content has been reduced to less than 50 per cent by weight compared with normal bread.

Regulations have been made in Canada and require that "dietary bakery products shall be breads, biscuits, cakes or similar bakery products that contain not more than one half as much glycogenic carbohydrates as the normal food of the same class."

Diabetic patients have a fairly strict diet and must be in balance with the insulin taken, if this is prescribed. Bread is included in the diet and the carbohydrate intake is calculated as for normal bread. It is essential that the carbohydrate content of the diet is known and unless there was a significant reduction in the starch content of a loaf sold as "diabetic bread" and the carbohydrate value conspicuously printed on a label there could be a danger of a diabetic person throwing his diet completely out of balance.

The baker was interviewed and was told that he could not sell ordinary bread, without salt, as diabetic bread, and if he wished to sell a "starch reduced" loaf he would have to reduce the starch content by at least half that of normal bread. Even if he produced a starch reduced loaf he should not use the term "Diabetic bread" and he should declare on the wrapper the actual carbohydrate content of the bread. He has decided not to proceed with his intended project.

This case illustrates the importance of keeping a close watch on all foodstuffs especially where special claims are made of a dietary or medical nature. All foods and drugs where such claims are made should be closely and fully investigated because they could, under certain circumstances, mislead the purchaser.

The chemists are producing more and more food substitutes and where these are incorporated into foodstuffs the public should be informed by the adequate labelling of the food. Food containing substitute ingredients should not be sold under the same name as unsophisticated goods.

Imported foodstuffs do not always comply with the legislative requirements of home produced goods and the appearance of new packs of imported foods should be carefully checked.

Sampling is an important aspect of public health control and sufficient funds should be available year by year to enable an adequate and comprehensive programme to be implemented.

The use of pesticides and other chemicals on growing crops, vegetables, fruit etc. should be brought under strict control.

Every year chemical agents are being produced and the number of different formulations now in use must number hundreds. There have been, in the past, whole shipments of fruit stopped at ports because the fruit has been sprayed with dangerous chemical agents. Some countries use materials which are banned in this country and unless constant vigilance is maintained at ports of entry it is possible that some may be distributed for sale.

SHOPS ADMINISTRATION

In the annual report for 1959 special mention was made in regard to Shops Act legislation. The position at the end of 1960 appears to be more confused than previously. During the past year amendments to the Shops Act have been discussed at both local and National levels and as is usual with this particular law no agreement has been reached. Occupiers of shops have always been, since 1912, divided in their opinions and no general agreement has been possible. Discussions have ranged from the abolition of the weekly half-day closing of shops, uniform half-day closing, the abolition of evening closing hours, extension of evening closing hours on Fridays, earlier closing Monday to Thursday, five-day week for shops, six-day week for shops with five-day week for shop assistants. The Association of Municipal Corporations is in favour of seaside resorts being allowed to suspend the weekly half-day closing for a period of 6 months in each year as opposed to the present 4 months and for certain shops to be allowed to open on 26 Sundays instead of 18 as stated in the present Act. Each of these proposals had its supporters and equally its opponents. The Chamber of Commerce in some towns supported one or other of the proposals but there was no uniformity. There are so many conflicting interests in the various branches of retail trade and suspicion of the large organisations by the individual shopkeeper that it appears there is a case for the imposition by statute of compromise proposals.

Local circumstances play a large part in any proposed alterations. The London Road area has been working for a uniform Thursday closing day for a period of years and Sydney Street traders, last year, decided on a uniform Wednesday closing. When the traders in two contiguous roads cannot agree one can realise that the difficulties of obtaining National agreement are very great indeed.

Since the judgment given in *Fine Fare v. Brighton Corporation*, the expedient of trading in more than one class of goods in order to circumvent the local weekly half holiday orders has become general. This has happened in the London Road and Sydney Street areas where, by agreement amongst the shopkeepers all shops close on the same day in each of these areas.

It would appear that it will be some considerable time before a new Shops Act can be laid before Parliament. In the meantime the special position of seaside resorts should be considered. The seasonal trading requirements make it necessary to obtain amendments in regard to Sunday opening of

shops and extension of the four months allowed for the suspension of weekly half holiday orders. The restrictions in regard to Sunday opening dates back to 1936 and the half-day suspension to 1912. The habits of the public have changed, the pattern of retail trade has undergone radical changes and to meet present day conditions the Shops Act should be amended now and without waiting until agreement has been reached on an entirely new Shops Act.

THE WORK OF THE DISTRICT PUBLIC HEALTH INSPECTORS

As usual the main duties of the District Inspectors have been of a routine nature. Two Inspectors left the service of the Corporation and the two vacancies had not been filled in spite of several advertisements, by the end of the year. The staff shortage was accentuated by the illness of the Senior Meat Inspector and the change of administration at the Abattoir, which robbed us of the services of a relief meat inspector. Constant relief duties had to be arranged for a long period, and this caused some disruption of normal duties in the Department.

New legislation which affected the work of the Inspectors, included the following Acts and Regulations:

The Noise Abatement Act, which came into force in the autumn, provided the first general legislation against the nuisance from noise which has grown so rapidly in the post-war years. The Act makes "noise or vibration *which is a nuisance*" a statutory nuisance for the purpose of Part III of the Public Health Act 1936. Unfortunately there is no guidance or standard as to the loudness or level at which the noise or vibration becomes a nuisance. The effect of noise is, of course, purely subjective and as the tolerance of individuals varies considerably what is a nuisance to one is quite acceptable to another. From the increased numbers of complaints received it is obvious that some of the general public expected a great deal from the Act—rather more, in fact, than is possible under its provisions. For instance, it is difficult to see how it can be made to apply to a woman "who has been out in the garden complaining and leading off in general whilst attending the washing", or to a baby which cries periodically at 6 a.m. Noise from cafes, in which "juke boxes" played late into the evening gave rise to complaints from neighbouring householders. Informal action led to the reduction of such noise to reasonable limits.

The passing of the Noise Abatement Act does not, of course, abrogate the right of any person to take an action under Common Law. In fact the statute provides a procedure under which any three persons affected by the nuisance can lay information before a Justice themselves. It remains to be seen whether the Act will be as effective as was hoped when it was being drafted. It is extremely difficult, for technical reasons, to lay down objective standards which will apply to all frequencies and noise sources, but the International Standards Organisation have been considering this problem recently. The mere existence of a standard, even if only a recommendation, would be invaluable as a basis of discussion between the parties in dispute, where a noise cannot be stopped completely, but may be reduced to a tolerable level. The greatest single obstacle in the field of noise abatement is the siting of industrial premises in an otherwise residential area. This legacy from the years before planning control came into force provides a problem which can only be satisfactorily resolved as development takes place which enables the offending factory or workshop to move to modern premises in suitable areas, at some distance from dwelling houses.

The Brighton Corporation Act 1960 provides a number of additional powers, the most useful of which, from the health aspect, gives the Corporation power to clear a choked drain at the request of the owner of the affected property.

The nature of the defect ensures that the householder is only too willing to get the necessary work done, but in numerous cases, obtaining the services of a builder as a matter of urgency has been impossible. This has necessitated the service of formal notices, a delay whilst waiting for them to expire, and then action in default. The new procedure can obviate such delays and ensure the taking of immediate remedial action which is essential in such cases.

The Caravan Sites and Control of Development Act is another measure designed, like the Noise Abatement Act, to deal with an essentially modern problem. Brighton has been more fortunate than some holiday resorts in being able to resist the haphazard and scattered growth of caravan grounds. The Municipal site, properly supervised and equipped, has given rise to very few difficulties. The new law will ensure that no undesirable sites are brought into use and that satisfactory standards of hygiene and appearance are preserved.

The new Milk (Special Designation) Regulations consolidated previous legislation with some amendments. Changes in licensing procedure were made which have resulted in some reduction of the routine work. Certain modifications were made to the prescribed tests for tuberculin-tested and pasteurised milk.

Whatever new legislation is passed, the day to day routine visits and inspections upon complaint form the greater part of the District Inspector's duties. As the result of such visits defects of repair were remedied in 742 houses after the service of notices under the Public Health Act 1936. Notices for the abatement of nuisances other than items of disrepair (e.g., refuse accumulations, dirty and verminous premises, and animals kept in insanitary conditions) numbered 212.

Preliminary inspections and follow-up action in connection with these notices necessitated 4,367 visits. Legal proceedings under the Public Health Act 1936 were taken to enforce seven Abatement Notices. In five cases the hearing was adjourned and necessary works of repair were carried out during the adjournment. An Order was made upon the owner of one property to comply with a notice and costs were awarded against him. A Nuisance Order was also made on a householder, who kept a number of cats, calling upon her to reduce the number to two.

Informal action, by interview with owners, solicitors, builders and others, entailed 4,207 visits by the District Inspectors.

Nuisances from smoke emissions were all dealt with informally, with very successful results. The owners of industrial and commercial firms with boiler plants were, with few exceptions, very co-operative. The technical problems, which arose from such premises, although not always easy to solve, gave considerably less trouble than some of the complaints of the burning of garden and domestic refuse on bonfires. In many of these cases there is bad feeling between neighbours. One lights a bonfire at the time when it is likely to cause most annoyance and the other, in his turn, calls in the Public Health Inspector at the first wisp of smoke from next door. A number of visits and a great deal of time of Local Authorities' officers could be saved by a little common sense and a straight talk over the garden fence.

FACTORIES ACT 1937

The following tables set out the numbers of factory premises of various types and gives details of action taken where defects were found upon inspection:

Factory Inspections—Part I, Factories Act 1937

<i>Premises</i>	<i>No. on Register</i>	<i>Inspections</i>	<i>No. of Notices</i>	<i>Occupiers prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 enforced by Local Authority	384	279	9	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	491	211	15	—
(iii) Other premises in which Section 7 is enforced by Local Authority (not including Outworkers' premises)	36	36	5	—
Total	911	526	29	—

Defects Found

	<i>Found</i>	<i>Remedied</i>	<i>Referred</i>		<i>Prosecutions</i>
			<i>To H.M. Inspector</i>	<i>By H.M. Inspector</i>	
(i) Want of Cleanliness	41	29	—	1	—
(ii) Overcrowding	—	—	—	—	—
(iii) Unreasonable Temperature	7	5	1	2	—
(iv) Inadequate Ventilation	11	9	2	3	—
(v) Ineffective Drainage of Floors	—	—	—	—	—
Sanitary Accommodation:					
(i) Insufficient	7	7	—	3	—
(ii) Unsuitable or defective	12	7	—	2	—
(iii) Not separate for sexes	3	3	—	1	—
Other offences against the Act (not including offences relating to Outwork)	2	—	2	—	—
Total	83	60	5	12	—

Part III of the Act

<i>Nature of work</i>	<i>Section 110</i>			<i>Section 111</i>		
	<i>No. of outworkers in August list required by Sec. 110</i>	<i>No. of cases of default in sending lists to the Council</i>	<i>No. of prosecutions for failing to supply lists</i>	<i>No. of unwholesome premises</i>	<i>Notices served</i>	<i>Prosecutions</i>
(i) Wearing apparel	309	2	—	—	—	—
(ii) Lace—Lace curtains	2	—	—	—	—	—
(iii) Curtains and hangings	1	—	—	—	—	—
(iv) Furniture and upholstery	8	—	—	—	—	—
(v) Artificial flowers	1	—	—	—	—	—
(vi) Stuffed Toys	1	—	—	—	—	—
	322	2	—	—	—	—

PLANS

All plans submitted to the Council for byelaw and planning approval, are scrutinised by the Senior District Public Health Inspector. The number of plans increases year by year and during 1960 there were 2,220. With multi-storey development taking place the time spent on this work and subsequent interviews with architects and builders has increased.

Inspections are also carried out where applications are received for change of use from residential accommodation to business premises. It has been found that a number of cases concern either property which is unfit for human habitation or are of a sub-standard type of dwelling.

SCHOOLS

During the past year another survey has been carried out of all schools in the Borough. There have been big improvements carried out and the school modernisation programme continues, perhaps not so quickly as the Health Department would like, but these items are more or less controlled by the finance available.

The main items of criticism were, once more, washing facilities, towels, showers and binettes. A small number of schools, included in the modernisation programme, require the sanitary and urinal accommodation to be remodelled.

With the onset of puberty occurring in younger children, it was found that some Junior Schools had to make provision for the disposal of sanitary towels. It was recommended that water-closet compartments containing binettes should be fitted with bolts or fastenings and the doors of all such conveniences in all girls' schools should be suitably marked. This would be of assistance to the pupils and also to the cleaners and caretakers. After use the cleaning staff would know which conveniences should be provided with binettes.

New schools should be provided with disposal units. Where the heating systems do not use solid fuels the proper disposal of sanitary towels will provide problems which can only be solved by the provision of a central disposal unit.

Some school playing fields are used by persons, other than school children, over the week-ends, for organised games and the shower bath facilities in the

schools are not satisfactory. All playing fields should be equipped with adequate shower and washing facilities in addition to those provided in school buildings.

HOUSING

Blackman Street Compulsory Purchase Orders

The two Compulsory Purchase Orders affecting 171 properties referred to in my Annual Report for 1959 were confirmed by the Minister of Housing and Local Government on 5th August.

Devonshire Street C.P.O. 1959

One public inquiry was held on 10th May for the Devonshire Street C.P.O., affecting 167 properties, and the Order was confirmed by the Minister of Housing and Local Government on 18th November.

Demolition in Clearance Areas

25 unfit or badly arranged houses and one "grey" property were demolished. 99 people in 34 families were rehoused from clearance areas.

The return made to the Minister in 1955 showed 1,650 unfit houses requiring demolition; 1,020 of these have now been represented and 590 have been demolished, principally in clearance areas.

Closing Orders and Demolition Orders

35 individual unfit houses and parts of buildings were represented during the year. 9 houses were demolished and 14 houses and 11 parts of buildings were closed.

On 31st December there were 407 operative closing orders and undertakings applying to premises in the Borough.

8 closing orders were determined during the year, the buildings or parts of buildings to which they referred having been made fit for human habitation.

18 houses belonging to the Council were certified as unfit for human habitation in accordance with the Housing Subsidies Act, 1956. This makes a total of 134 houses certified since the Act came into force, and 24 of them were demolished during the year.

Repairs and Improvements

420 houses were made fit for human habitation as a result of formal notices under the Public Health and Housing Acts. 333 houses were made fit as a result of informal action.

There were 256 applications for Improvement Grants, of which 103 were for Standard Grants. 19 of the applications were rejected. In addition to the initial inspection made on application for a grant, an annual re-inspection is made to ensure that the conditions of the grant are being complied with.

Rent Act Certificates

There were 17 applications for Certificates of Disrepair, and 17 applications for cancellation. Tenants and landlords made 9 applications for certificates as to the remedying of defects. Each application has meant at least one inspection of the property concerned.

Property inquiries and house acquisition

In recent years there has been an increasing demand for residential property in Brighton. Prospective purchasers are naturally keen to obtain as much information as possible with regard to the local authority's intentions in respect of the older properties in the town, and this has resulted in a steadily increasing number of inquiries, in the form of local land charge searches through

the Town Clerk's Department or by direct application to the Health Department. In many cases it is necessary to make an inspection of the properties before inquiries can be answered satisfactorily, and for this purpose 441 inspections were made during the year of which 291 were to answer local land charge searches. A further 384 inspections were made as a result of applications for Corporation loans for house acquisition, the Town Clerk requiring a report on the possibility of action under the Housing Acts being taken against the property during the loan period.

Completion of new houses

During the year the Corporation completed 168 dwellings. Private builders completed 508, and housing associations (self-build schemes) 144. Private builders also converted 13 houses into 40 flats.

CLEANSING CENTRE

The calls made upon the laundry services provided at the Cleansing Centre continue to increase.

The following figures, with those for 1959 given in brackets, show the extent of the increase.

Laundry collection visits totalled 4,143 (2,939) and the number of articles laundered was 41,019 (40,577). The deaths occurred of a number of old people receiving help in this connection, but 134 new cases were added to the list during 1960. At present regular visits are made to 193 (161).

Baths were given to 215 people during the year, an increase of 30 over last year.

Although urgent cases always receive attention some chronic patients have not been getting the service as frequently as they should. It is hoped that the provision of a new van in 1961 will enable increased numbers to be dealt with and will make it possible for more frequent collections to be made where necessary.

Removals of furniture and household effects were carried out on five occasions where families were re-housed from slum clearance property. In all cases where verminous conditions are found such removals are made and the furniture and bedding are thoroughly disinfested before being taken to the new property.

Materials treated in the steam disinfector at the Centre included 65 mattresses, 155 blankets, 81 pillows, 314 miscellaneous articles of clothing, 1,069 parcels of clothing for despatch overseas and the clothing and effects of 8 vagrants who also had baths.

RODENT AND PEST CONTROL

Rats and Mice

Summary of work carried out during the year:

	<i>Local Authority's Premises</i>	<i>Dwelling Houses</i>	<i>Other Premises</i>	<i>Total</i>
<i>Properties inspected:</i>				
On notification	56	450	169	675
Survey under Act	50	767	183	1000
Otherwise	49	6137	2299	8485
<i>Properties found to be infested:</i>				
Rats	29	253	52	334
Mice	27	156	108	291
Number of treatments carried out out by Local Authority	69	360	159	588

66 "Block" control schemes were carried out during the year. In these cases all the premises in a specified area, together with their connected drainage and sewerage systems are inspected and treated where necessary.

Sewer treatments were carried out in April and November. Of 411 manholes baited during these two treatments, 81 showed complete "takes" and another 105 partial takes. Warfarin in oatmeal (with parantrophenal as mould inhibitor) was used and again with very satisfactory results.

Insect and Other Pests

As usual the Cleansing Centre staff have been called upon to deal with a considerable variety of pests in addition to rats and mice.

The number of flea and bed-bug infestations continues to decrease. 132 rooms were disinfested upon complaint where fleas were found and 31 rooms were treated for bed-bug infestations. Much of the credit for the successful control of these insects goes, of course, to the efficient new insecticides (mainly of the chlorinated hydro-carbon group) and the modern methods of application. But it is very encouraging to be able to say that the standard of cleanliness, in the post-war years, is considerably higher in poorer class properties than it used to be in the years before the war. Many of the complaints which are dealt with arise from "problem families" or from the mental and physical breakdown of old people living alone.

So far there has been no sign in the Borough of any strains of insect which are resistant to the commonly used insecticides.

It does seem that the public are generally more intolerant of any form of insect life in the home. Complaints of carpet beetles, silver fish, earwigs, wood lice, caterpillars and woodworm increase each year.

A considerable number of other insects, both common and uncommon, have been brought to the Department for identification. Although these pests are not of medical importance, assistance and advice have been given by the Department when requested.

52 wasps' nests were treated and although a charge has had to be made, in view of the time taken and insecticides used, it seems that the demand for this service is not likely to drop off.

Pigeons

The work of reducing the number of pigeons which cause a nuisance in various parts of the Borough has continued. The firm employed is restricted, by the terms of the contract, to the use of only those methods of destruction permitted by the Protection of Birds Act, 1954. The most successful operations have been those in which the nesting and breeding places, mainly in the lofts or ornamental architectural features of high buildings, have been cleaned out and wired up to prevent re-infestation.

SHOPS ACT 1950

Year ending 1960

Shops Act 1950

Interviews, visits and inspections	...	...	...	2,485
Complaints dealt with	...	...	...	139
Weekend duties carried out on...	...	...	...	21 occasions
Late night duties...	...	...	...	14 "
Visits in respect of the employment of persons under 18 years of age	...	...	...	93

The name of a trader whose premises were registered under Section 53 of the Act was removed from the Register of Persons having a conscientious

objection to trading on the Jewish Sabbath as the premises had been vacated for a period exceeding 14 days.

Three Orders were made under Section 42 in relation to Exhibitions to be held at the Dome, Corn Exchange and Aquarium.

The fact that children of school age were employed on Sundays in cafes and amusement arcades was in 9 instances referred to the Education Department.

A girl of 15 years of age was employed at a restaurant as a waitress from 6 p.m. until midnight. Her ability as a waitress deceived the employers who paid her according to the rate fixed for adults. The management made immediate alterations in her working hours so as to comply with the provision of the Act when their attention was drawn to this matter.

The Association of Municipal Corporations has under consideration a Bill which proposes to amend the provisions of the Shops Act 1950 in regard to Sunday Trading, the Weekly Half Holidays and Closing hours at seaside and holiday resorts. Power is also sought to extend the existing four months during which holiday resorts may, by Order, suspend the provisions of the Act relating to the closing of shops on the weekly half holiday and of evening closing hours. The extensions proposed are from 4 to 6 months in respect of half-days and evening closing and from 18 to 26 Sundays in respect of Sunday trading.

Brighton has received considerable publicity during the past year in connection with seasonal traders and the need for amending legislation because of action taken, by the Department, against traders who were open on more than 18 Sundays.

The Brighton Chamber of Commerce and Trade have been active on behalf of certain local traders who do not wish to close on one week day in each week at 1 p.m. and also exemption from or extension of the evening closing hours. The submissions have also been made to the National Chamber. From enquiries made amongst shopkeepers it is quite apparent that traders are very divided in their opinions on these matters.

Some favour a five-day week for the opening of shops, others are in favour of a six-day week with a five-day week for shop assistants.

Monday has been suggested as a day on which to close, but this does not meet with unanimous approval. Arising from the competition for staff with factories, some recommend Saturday as the closing day.

It does appear that traders and the Chamber of Commerce and Trade are seeking the repeal and re-making of legislation before taking technical advice but the present Shops Act makes ample provision for securing the majority of their proposed changes.

As small shops are still in the majority and so long as the staffing of shops presents a problem, it is difficult to see that sweeping changes can be made, at present, under the system of voting provided for in the Shops Regulations.

Following a meeting of Traders situated in Sydney Street an application was received for the revocation of Orders which applied to the closing of shops on Thursday for the Weekly half holiday.

Traders were of the opinion that if the whole of Sydney Street closed on Wednesday at 1 o'clock it would overcome the loss of trade which resulted from some shops being closed on Wednesday and others on Thursday afternoons.

It was claimed that on two half-days in each week the public avoided this area.

All the shops concerned were visited, and with one exception agreement had been reached for Wednesday closing.

To achieve their object, and avoid liability under existing local weekly half-holiday orders made under the Act, shopkeepers are taking advantage of the Judgment given in *Fine Fare v. Brighton Corporation* by creating mixed shops where more than one type of commodity is sold.

The practice of changing the day fixed by Order for the weekly half-holiday by the simple expedient of adding another commodity to the stock, is becoming more general.

A number of firms are adopting the attitude that where morning and afternoon breaks are given for the purpose of taking tea, or smoking, the obligation to provide seats for female assistants is fulfilled.

A store employing a large staff of females, when required to provide seats, fulfilled their obligation by supplying a low folding seat attached to island counters. Whilst this does comply with the requirements of the Act the positioning of the seats, low down, means that the assistants do not make full use of these facilities. They are practically hidden away from intending purchasers and do not have adequate supervision of the merchandise when seated.

Prosecutions

36 Shopkeepers were proceeded against for failing to comply with the requirements of the Act resulting in 4 fines of £10, 1 fine of £8, 13 fines of £5, 5 fines of £2, 11 fines of £1 and 2 fines of 10/-.

A large departmental store in one of the main shopping areas of the Borough advertised that they would remain open until 9 p.m. on Fridays for "family shopping".

The firm were told that the latest time permitted for their shop to remain open on week-days, other than Saturday, was 8 p.m.

Following their decision to open contrary to the provisions of the Act, the necessary evidence was obtained, and proceedings were instituted. There was a conviction and the maximum fine of £5 was imposed.

FOOD HYGIENE

The section dealing with Food Hygiene and the inspection of foodstuffs has again been short of staff, and there has been additional time spent at the Abattoir on relief meat inspection duties, particularly at the end of the year when the Senior Meat Inspector was on sick leave. The work of improving existing catering premises, has, however, continued, and new premises which have been opened in the town have been fitted out to a very high standard. There is an increase in prior consultation with architects engaged on the design of new premises with mutual advantage to all concerned. The specialised knowledge of the Inspectors regarding kitchen layout, equipment, lighting and ventilation is readily available for all owners of catering premises.

The Food Hygiene (General) Regulations 1960 which came into force on 1st October, 1960, amended and consolidated the Food Hygiene Regulations 1955 to 1957, and brought within their scope the handling and service of food on board home-going ships and certain other vessels. The ships and vessels referred to include coastal excursion vessels, and the provisions relating to ships came into force on 1st November, 1961.

The Food Hygiene (Docks, Carriers, etc.) Regulations 1960 came into operation on 1st November, 1960, and prescribe requirements to secure the hygienic handling of food at docks, warehouses, cold stores, carriers' premises and a number of other special types of premises which were excluded from the

ambit of the Food Hygiene Regulations 1955. The Regulations require the cleanliness of premises and food handlers and lay down the action to be taken where workers suffer from or are carriers of certain infections likely to cause food poisoning. The construction, maintenance and repair of premises, and as to sanitary conveniences, water supply and washing facilities are covered by the new Regulations.

Coffee Bars

Following a television programme, which received nationwide publicity regarding Brighton coffee bars, a survey was made of the sanitary condition of 29 coffee bars, and a report was made to the Health Committee. 11 of the premises were found to cater for young persons.

The coffee bars were found, in general, to be clean and well equipped, and in some cases were expensively equipped and decorated. Although subdued lighting is a feature of the teenage bars, improved lighting was provided in the food service sections. Improved washing facilities and re-decoration were required at some of the premises. One of the causes of complaints is the lack of sanitary accommodation for customers, 23 coffee bars being without such facilities. It is anticipated that legislation will shortly be available when it will be possible to insist on sanitary accommodation for customers of both sexes.

The attention of the Health Committee was drawn to the fact that there appears to be no way of restricting the opening of a coffee bar at premises already established as shop premises. A case in point was where a shop in a residential area had been converted into a coffee bar, and the noise caused by customers gave rise to numerous complaints.

Complaints about food

93 complaints regarding foodstuffs were received by the Department from the public. It is again necessary to refer to the need for pre-packed foods to bear some indication as to the shelf life of certain products.

Comment has been made in previous Annual Reports as to the lack of any date on meat pies and sausages, and experience has shown that this also applies to pre-packed prepared cereals. In the case of sausages and pies, sourness or moulds are the cause of most complaints, whereas prepared cereals may develop infestation by the various insects and moth larvae which live on cereals. The shelf life of certain cereals is expected to be about 6 months, but after taking into account the length of time which may be taken up by distribution and storage at wholesale warehouses, this period may be considerably reduced by the time the foods arrive at the retail shop. The retail shopkeeper has no indication as to the age of a new delivery and may find himself in trouble if an infestation has developed.

Sourness or mould in sausages, sausage rolls and meat pies gave rise to ten complaints during the year and a £10 fine was imposed on the vendor in one instance in which legal proceedings were taken.

25 complaints relating to bread and confectionery were investigated. A large proportion of the loaves concerned had patches of discolouration which were found to be grease or oil stains from machinery. Increasing automation and speed of manufacturing processes tend to make it impossible for foreign matter and materials to be removed from foodstuffs, in preparation, once they are introduced. Apart from grease in the machinery this point was emphasized by the finding of a four-inch square piece of cardboard carton in a loaf. The night baker admitted that he had dropped the cardboard into the mix but said that it had been impossible for him to recover it. Other "foreign bodies" found included wire in a currant bun; a broken metal hook in glace

cherries; rat hairs in chocolate (made in Ireland); metal fragments in corn-flakes; a sweet wrapper in a milk bottle and solder in a tin of New Zealand dried milk powder. The number of cases is increasing considerably and the decisions in the cases of *Edwards v. Llaethdy Meirion Ltd.* and *Southworth v. Whitewell Dairies Ltd.* lead to the conclusion that a foreign body must be a potential source of harm to the consumer before proceeding under Section 2 of the Food and Drugs Act 1955 can be successful. It may be that the presence of odd articles such as pieces of metal, bottle caps, cardboard, or even cigarette ends does not affect the substance of the food and that those articles are not, in themselves, dangerous. But it is quite obvious that the purchaser would not accept an article of food if he knew that it contained extraneous matter and that he would consider its quality to be seriously affected. He should be protected against negligence, on the part of food manufacturing staff, which leads to the sale of foodstuff containing any foreign body or material.

The fault is not always that of the manufacturer or vendor. On a less serious note, two complaints were dealt with during 1960 where consumers brought in slices of bread alleged to contain, in one case a piece of metal and in the other a sliver of glass. Examination of the metal led the Food and Drugs Inspector to think that it might be part of a tooth filling. The complainant was persuaded to visit her dentist, who confirmed that opinion.

The evidence about the finding of the broken glass seemed so inconclusive that an Inspector visited the complainant's house to obtain further particulars. His investigations showed that the glass splinter fitted exactly into a chipped edge on the family's marmalade jar.

Yet another complaint about bread occurred where a householder brought in a loaf of bread from which he stated that he had extracted a needle. The Bakery Research Laboratory were asked to look into the facts. Their experiments, which included baking a loaf in which they had placed a similar needle, proved that the needle found originally had certainly not been through a baking process.

Although the following up of these unjustified complaints takes up some time I would not say that it is wasted. It proves to the public that any *bona fide* complaint is properly investigated and that the Public Health Inspectors Section are only too willing to ensure that the provisions of the various Food and Drugs legislation are being observed. Food producers and handlers also see that the general public are demanding a proper standard of hygiene and are prepared to call in the authorised officers to ensure that their demands are met.

It is pleasant to record that, in a number of cases, the Food and Drugs Inspector has been called in to arbitrate where vendor and purchaser have disagreed as to the quality or fitness of articles of food. His decision in every case has been accepted and both parties to the dispute have been satisfied. This confidence in the efficiency and fairness of the Inspectors is a tribute to the standard of their work and is invaluable from a "public relations" viewpoint, particularly as it is not always possible to satisfy an irate purchaser that the circumstances of which he complains would not enable successful legal action to be taken.

For instance, in a sample of puff pastry labelled "You can taste the butter" the Public Analyst found that only one-fifteenth of the fat in the mixture was, in fact, butter fat. Legal opinion was sought and it was decided that the label did not make a quantitative claim and that the truth, or otherwise, of the statement would depend upon the consumer's palate.

Bakehouses

During the inspection of bakehouses it was found that a number of small

bakehouses had been taken over by large bakery combines and when the new factory bakehouse at Woodingdean is opened, early in 1961, it is expected that a number of small bakehouses will be closed. The purchase of a bakery business usually includes a retail shop, and the policy of the combines is to modernise the shops. The standard of cleanliness at most of the bakehouses is good, but there are a few which require frequent inspection to ensure that a reasonable standard is maintained.

Infestations

Several complaints or enquiries are made regarding insects found in food. A thorough investigation is always made as on occasions this has led to the discovery of an infestation in shops or stores. Among the unusual insects identified was a Central American cockroach (*Pelmatosilpha*) found in a bunch of bananas. The discovery of an Australian spider beetle (*Ptinus tectus*) in cocoa, revealed that the shopkeeper had already become aware of the trouble and had withdrawn the remaining stock from sale. The most unusual case was in connection with a wine store where a lot of trouble was being caused by a grub which bored through wine corks, with the resultant spoilage of wine. Careful inspection of the cellars revealed two species of minute moth (*Oinophila V—flava* Haw and *Monopis crocicapitella* Clem). Identification of the moths showed that it was the larvae of the *V-flava* which were the chief culprits, and wine is essential for them to mature into moths. Advice was given to the wine merchants as to the treatment of the cellars.

Floods

The floods at Patcham, although causing considerable inconvenience to householders, caused only slight damage to foodstuffs. A quantity of biscuits, sugar and cereals were condemned. A thunderstorm in August caused flooding at a grocer's shop in the London Road area, and necessitated the condemnation of hundreds of pounds worth of food. The anti-flood valve which had been fixed following a similar flood had failed to work, due to lack of weekly maintenance; since then, however, the valve has done its job.

Hygiene Education

Education of catering workers has again been emphasised.

In the Autumn a series of ten lectures for caterers and food handlers was given at the Technical College, in collaboration with their Catering Section. An examination was held by the Royal Institute of Public Health and Hygiene, and fifteen out of 16 candidates were successful in gaining the Society's diploma, which the Mayor kindly presented. The syllabus covers (1) Food poisoning and its prevention; (2) Germs, their habits and life requirements; (3) Transmission of infection; (4) Food poisoning and food infection; (5) The digestive process; and (6) The protection of foodstuffs. A further course is proposed for the early part of the New Year and it is hoped that the lectures will be held at least twice a year. The facilities to hold the lectures given by the Technical College were much appreciated.

Four sets of lectures were given to all the staff employed in the School Meals Service.

King's Road Arches

The principal event of the year was the court action regarding the use of King's Road Arches for the preparation, cooking and service of food. The Arches were surveyed in 1955, when the Food Hygiene Regulations came into force, and the Medical Officer of Health reported to the Health Committee that the Arches did not comply with the new Regulations, but minimum works were agreed to, as an interim measure, which would not make the Arches wholly fit for catering, but would permit the sea front to function as such until a

permanent solution was found to the problem of establishing modern catering premises.

In 1959 the Medical Officer of Health reported, and the general results of the inspection were that the King's Road Arches did not comply with Regulation 5, Food Hygiene Regulations 1955, which prohibits the carrying on of a food business on, in or at any insanitary premises, stall or place or in any premises, stall or place the use of which because of situation, construction or condition thereof exposes food to the risk of contamination.

Negotiations were opened with tenants of the Arches owned by the Corporation and also with tenants of privately-owned Arches to attempt to achieve agreement that only pre-packed foods should be served. As a result of several interviews the number of Arches where cooking was carried out was reduced to 3 Corporation tenancies and 3 private ownerships. The failure to reach agreement on these cases resulted in summonses being issued alleging offences against the Food Hygiene Regulations 1955.

One case was heard on 3 days—22nd, 29th July and 22nd August, 1960.

Seven summonses were issued alleging contraventions of regulations 5, 6, 21, 23, 32 (1) and 32 (3) of the Food Hygiene Regulations 1955 as follows:

1. The Arches, by reason of the situation exposed food to the risk of contamination. Regulation 5.
2. The Arches, by reason of the structure, exposed food to the risk of contamination. Regulation 5.
3. Articles or equipment with which food came into contact were not kept clean. Regulation 6.
4. Food premises not provided with suitable and sufficient means of ventilation. Regulation 21.
5. Walls and ceilings not kept in good order, repair and condition. Regulation 23.
6. Floors not kept clean. Regulation 23.
7. Defective structure allowing infestation of mice. Regulation 23.

Two summonses regarding "situation" were dismissed after legal arguments and the Corporation asked for a case to be stated in Divisional Court, but this was not proceeded with as the legal point involved was clarified by the issue of new Regulations.

Fines of £5 were imposed in each of the five remaining cases.

An application for disqualification of the caterer was not granted.

A case was heard on 19th July, 1960.

Three summonses were issued alleging contraventions of the Food Hygiene Regulations 1955:

1. The arch by reason of the situation exposed food to the risk of contamination. Regulation 5.
2. The arch, by reason of the construction thereof exposed food to the risk of contamination. Regulation 5.
3. Suitable and sufficient means of ventilation were not provided. Regulation 21.

Fines of £5 were imposed on each summons. A Notice of Appeal to Quarter Sessions was laid by the defendant, which was later withdrawn.

Another case was heard on 21st October, 1960.

Sixteen summonses were issued alleging contraventions of Regulations 5, 21 and 23 regarding situation, construction and ventilation and failure to prevent infiltration by rats, of the Food Hygiene Regulations 1955.

Fines totalling £20 were imposed on fourteen summonses.

The magistrates made an order disqualifying Arch 265 as food premises for a period of two years (Sections 13 and 14 Food and Drugs Act 1955).

CONDEMNATION OF UNFIT FOOD

The following table shows the amount of foodstuffs surrendered from markets and shops for condemnation, during the year:

<i>Tinned or Bottled Food (Units)</i>			<i>Other Foodstuffs (Pounds)</i>		
Meat, Fish and Poultry 2004	Fruit and Vegetables 4395	Other Items 2025	Meat, Fish and Poultry 13373	Fruit and Vegetables 5693	Other Items 669
Wet Fish—857 stones					
Dried Fish—305 stones					
Shell Fish—115 stones					

SAMPLING OF FOOD AND DRUGS

The tables set out below show the numbers of samples taken by the Public Health Inspectors and submitted to various types of examination by the Public Analyst or Public Health Laboratory Service.

(A) *Samples taken for Chemical Analysis:*

	<i>Qtr. ended 31-3-61</i>	<i>Qtr. ended 30-6-61</i>	<i>Qtr. ended 30-9-61</i>	<i>Qtr. ended 31-12-61</i>	<i>Totals</i>
Milk	—	82	78	61	221
Other food and drugs ...	34	42	26	41	143

The increasing sale of drinks from automatic vending machines is already beginning to pose new problems. One sample, of strawberry flavoured milk was found to contain only 2.3% fat. Enquiries showed that only morning milk was being used in the preparation of this concoction. Our suggestion that afternoon milk, which showed a higher fat content, should be used as well, led to an improvement and subsequent samples were up to the legal standards.

Samples of "Coffee with cream" and "Chocolate with cream" showed extremely low fat content. Investigation proved that the description was entirely unwarranted and that, in fact, skimmed milk powder (which was more easily soluble) was being used in the preparation. The manufacturer was interviewed and the labels on the machine were changed to give a true description of the actual contents.

(B) *Samples taken for Bacteriological Examination*

	<i>Samples taken</i>	<i>Samples satisfactory</i>	<i>Failed</i>	
			<i>Methylene Blue test</i>	<i>Phosphatase test</i>
(1) Milk:				
Pasteurised	141	140	0	1
Channel Island Pasteurised ...	50	50	0	0
T.T. Pasteurised	89	89	0	0
T.T. (C.I.) Pasteurised ...	40	40	0	0
Homogenised	37	30	7	0
Sterilised	14	14	0	0
T.T. (Raw Milk) Farm Bottled	10	10	0	0
T.T. (C.I.) (Raw Milk) Farm Bottled	154	149	5	0
Totals	535	522	12	1

	<i>Samples taken</i>	<i>Grade I</i>	<i>Samples placed in</i>		
			<i>Grade II</i>	<i>Grade III</i>	<i>Grade IV</i>
(2) Ice Cream... ..	157	142	10	5	0
(3) Others	54	(all satisfactory)			

Churn and Bottle Rinses—48 samples with 2 failures.

The results shown by these tables are very satisfactory giving a total of 97.5% successful results out of the 794 samples taken.

Where samples of milk failed the specified tests the County Milk Production Officers were notified and asked to visit the farms concerned to advise on any necessary improvements in methods of milking. The assistance of these officers has again proved invaluable and I should like to express my thanks for the willing manner in which they have co-operated with the Department in dealing with problems connected with milk supplies coming into the Borough.

(C) *Biological Milk Samples*

15 samples of milk were submitted to the Public Health Laboratory for biological tests. In each case the sample was negative for tubercle bacilli.

(D) *Water Samples (Bacteriological)*

(i) 219 samples of drinking water were taken from various points throughout the Borough. All the samples were satisfactory and of good quality.

(ii) The samples taken from swimming baths (a total of 219) were of a satisfactory nature, but 5 of the 44 samples of water from paddling pools were unsatisfactory.

SWIMMING BATHS

There are 3 Swimming Baths open to the general public and 1 situated in the precincts of a local authority school is available for use by youth organisations.

North Road Baths

This is a covered fresh water bath of 138,000 gals. capacity. The water is supplied from the Corporation mains, but is continuously circulated (with a 4½-hour turnover), heated, filtered and chlorinated. The bath is open from March to November.

Black Rock Bath

This is an open-air bath on the front which utilises water from the sea. The capacity is 334,000 gals. which is continuously circulated (with a 4-hour turnover), filtered and re-introduced into the bath by 16 inlet pipes distributed around the periphery.

The water is pumped from the sea during periods of calm weather and held in a sedimentation tank until required for filling or "topping up" purposes. A system of breakpoint chlorination is used to sterilise the water. The pool is open from May to September.

Rottingdean Bathing Pool

This is an open-air seawater pool with a capacity of 100,000 gals. Water is drawn from the sea during periods of calm weather and is stored in a sedimentation tank until required.

The water of the pool is continuously circulated ($4\frac{1}{2}$ -hour turnover), filtered and chlorinated but supplementary chlorination is used at night by hand application of a liquid hypochloride. The pool is open from May to September.

St. Luke's Swimming Bath

This is a covered pool in the grounds of the St. Luke's School. It has a capacity of approximately 80,000 gals.

The water is drawn from the Corporation mains, is circulated ($4\frac{1}{2}$ -hour turnover) chlorinated and filtered. This pool is open for most of the year and is used by the pupils attending the Local Authority's schools. During the evening the bath is used by Youth Organisations and the like.

Ocean Hotel Swimming Bath

This bath is not open to the public: its use is confined to residents and patrons of the Hotel. The bath has a capacity of 90,000 gals. drawn from the Corporation mains and a process of continuous circulation, filtration and chlorination is used.

Roedean Swimming Bath

This open-air bath with a capacity of about 60,000 gals. uses water drawn from the Corporation supply. Water is continuously circulating and being filtered and a system of breakpoint chlorination is used to sterilise the water. Its use is confined to the pupils and staff of the school and is only used during the summer term.

Ovingdean Swimming Bath

A closed bath with a capacity of about 25,000 gals. is situated in the grounds of a school for partially deaf children. Its use is confined to the pupils and staff of this School and the bath is only open during the summer term. Fresh water is drawn from the town supply and a process of chlorination using liquid hypochloride is used. There is no method of filtration and so the water has to be changed fairly frequently.

Brighton College Bath

A closed bath with a capacity of about 100,000 gals. using fresh water from the town's main supply. Its use is confined to pupils and staff of the College.

The water is circulated and chlorinated but there is no method filtration so the water has to be renewed frequently. Samples of water for bacteriological examination are taken regularly.

134 samples of water were taken from the swimming baths during the year and in every case bacteriological examination showed the standard was up to that required for drinking purposes.

44 samples, taken from paddling pools and foot baths were submitted for bacteriological examination and 5 of these received unsatisfactory reports.

The association between swimming baths and verruca was investigated during the year and this led to the conclusion that the foot baths through which the bathers have to pass before entering the main pool were unsatisfactory. They are normally of static water changed at very infrequent intervals. The water in these foot baths should, if possible, be put on the continuous circulation system of the bath water so that it is kept in better bacteriological condition. The incorporation of the foot baths in existing swimming baths into the circulation system is a major engineering project. Experiments were carried out and a spray was evolved that would cleanse the lower part of the legs and feet of persons entering the main bath. The continuous spray used very little water and proved to be an improvement on the previous static foot bath.

The prototype of the spraying system was worked out in polythene tubing but a more permanent type was constructed in copper tubing.

From the preliminary information that has been gathered it is suggested that consideration be given to the installation of sprays in all swimming baths where it is not possible to connect foot baths to the continuous circulation system.

I should like to express the thanks of the Public Health Inspector's Section to the Director of the Public Health Laboratory Service and his staff, for their help during the year.

Fertilisers and Feeding Stuffs Act 1926

Ten samples were taken under this Act during the year. One sample of fertiliser was found to contain 1.5% excess nitrogen and the amounts of soluble and insoluble phosphoric acid were not declared separately upon the label. The matter was taken up with the manufacturers and they had new labels, giving correct descriptions, printed.

The Department is very appreciative of the willing assistance given by the Public Analyst and his staff in connection with the chemical examination of the various samples submitted to them. Apart from the actual analyses, their advice and co-operation in carrying out a sampling programme is invaluable to the officers particularly concerned with the purity of food supplies in the town.

Rag Flock Samples

Rag flock and other filling materials were sampled on ten occasions during the year, and all the samples were satisfactory.

PUBLIC ABATTOIR

In spite of an increase of 26% in cattle, the total annual throughput of animals slaughtered at the Public Abattoir has fallen slightly below that for 1959. It will be recalled that in the previous year there was a large increase in sheep killed because of shortage of feeding material. This year the number of sheep decreased by 35%, pigs decreased by 10%. In practice the increase in cattle has meant that the meat inspector, although more detailed routine work is required, has a greater opportunity of noting interesting conditions prevalent amongst cattle.

This year saw the completion of building operations which have been in progress since June 1958 and, since the first day of 1961 is the "appointed day" for Brighton to comply fully with the Slaughterhouse (Hygiene) Regulations 1958, it is hoped that the Public Abattoir will be able to settle down

to a slaughtering routine under improved conditions of hygiene. In the past year, because the two slaughtering groups were working together in one slaughterhall whilst alterations were taking place, meat inspection was carried out under crowded and harassing circumstances.

Towards the end of the year attempts were made to improve the appearance and cleanliness of protective clothing of the slaughtermen. Clothing worn was generally nondescript and often incapable of being properly cleansed. Slaughtermen were already in receipt of a washing and clothing allowance of 5s. per week but some slaughtermen sought to save this money by wearing wornout clothing. It was felt that there may be an infringement of the Slaughterhouse (Hygiene) Regulations 1958, and that direct measures for improvement had to be taken. With this in mind, a definition of what constituted suitable protective clothing was laid before a meeting of representatives of the slaughtermen (including the Area Organiser of the Trade Union) and the employing slaughtering contractors. During discussion, it was pointed out that the items required could be supplied and laundered weekly for a costing similar to that already paid. It was eventually agreed that the slaughtering contractors would provide protective clothing and the washing and clothing allowance would cease. The slaughtermen welcomed this solution and it is hoped that next year will see slaughtermen dressed at all times appropriate to a food factory. First impressions are always important and uniformity of protective clothing goes far in presenting a favourable appearance to anyone visiting the Public Abattoir.

The following information has been supplied by Mr. R. L. Scotow, Senior Meat Inspector at the Abattoir.

The incidence of Tuberculosis in Cattle slaughtered this year has not fallen to the 0.5% or less anticipated in the Annual Report for 1957 when the first local successes of the Tuberculosis Eradication Scheme were seen. On the contrary, there was a very slight increase over that for the previous year. This was due to an increase in the number of animals reacting to the Tuberculin test sent in for slaughter (188 compared with 144 for 1959). Just over 50% (97) of these Reactors showed visible lesions of Tuberculosis on post-mortem examination and 9 re-acted only because of skin Tuberculosis lesions. Normally, Reactors are sent to the Public Abattoir in ones and twos but, there were six occasions where, because of the numbers involved, it would appear that there had been a breakdown in a whole herd. In connection with three cattle which had re-acted out of a herd of twenty, it was interesting to learn that the herdsman concerned with their care had previously been ill and subsequently had died from Pulmonary Tuberculosis.

Four cattle from local markets were found to be effected with Tuberculosis and the farms concerned were traced so that further veterinary inspections of herds could be carried by the Officers of the Animal Health Division of the Ministry of Agriculture, Fisheries and Food. The remaining instances of Tuberculosis were found either in cattle imported from Ireland where the export of animals is permitted which have passed a single tuberculin test or, in cattle from the markets in the North-East of England which is the last area to be declared Tuberculosis-free.

In September during routine inspection of sheep offal and carcasses, lesions suggestive of avian tuberculosis were found. The distribution of lesions was as follows: a spot in the left bronchial lymph node, massive caseation in the posterior mediastinal and hepatic lymph nodes and, even more remarkable, a caseous lesion in the right prescapular lymph node of the carcass. These findings were so unusual that laboratory confirmation was sought and, after a period of an time, tuberculosis avian type was confirmed in the lesions. Sheep are rarely found to be affected with Tuberculosis because being grazed in open pastures they have very little opportunity to come into close contact with open Tuberculosis in other food animals.

In last year's Annual Report mention was made of a lesion, similar in appearance to, but not, Tuberculosis, being found in increasing numbers of pig sub-maxillary lymph nodes. It was thought this "cervical adenitis" was caused by *Corynebacterium equi* and it was also pointed out that laboratory confirmation was not readily forthcoming. This year 744 pigs' heads with "cervical adenitis" were rejected for food compared with only 103 pigs' heads with Tuberculosis lesions. Towards the latter end of the year the Senior Meat Inspector was informed by the Ministry of Agriculture, Fisheries and Food that the full facilities of the Central Veterinary Laboratory could be used in an endeavour to determine the causative organisms responsible for "cervical adenitis" in pigs. Unfortunately, due to circumstances prevailing at the time, only 10 groups of lymph nodes were sent for examination and results are shown in the following table.

TABLE I
Cervical adenitis in pigs
Results of laboratory examinations

Number	Culture	Histological
B1	Negative	Not carried out
B2	Not received by laboratory	
B3	Not received by laboratory	
B4	} Very mixed } growths of } Contaminants	} Encapsulated abscesses of some } standing: No evidence of } incriminating bacteria.
B5		
B6		
B7	Negative	No specific abnormality
B8	Negative	Small areas of necrosis
B8	Pasteurella spetica	Inflammatory changes
B10	Negative	Fairly numerous eosinophilic leucocytes Parasitism.

Although *Corynebacterium equi* was not isolated, the laboratory examinations have produced a partial success in that, on no occasion was *M. tuberculosis* found to be the cause of the lesion examined. The results leave the picture even more confused than before. Only lesions that were positive typically to the naked eye were sent for examination and it is possible that contaminants, which are often normally present, are masking the true causative organism which may be inert. The histological examinations suggest there are many conditions that could give rise to this lesion but it is difficult to believe that they all look so much alike. This aspect of meat inspection is of considerable interest and it is hoped that next year it will be possible to pursue this matter more closely and produce some conclusive evidence.

It has often been stated that disease statistics kept by meat inspectors in a slaughterhouse provide an excellent source of information for those primarily concerned with animal health. In the past very little use was made of these records but this year the Ministry of Agriculture, Fisheries and Food requested the meat inspectors concerned to render quarterly returns of certain disease groups found in animals slaughtered. This is being done and one result of this co-operation is seen in the facilities made available for the "cervical adenitis" investigation.

The incidence of *Fascioliasis* (liver fluke) has fallen to 55% for cattle and

11% for sheep. The cattle figure is, of course, still too high but it is encouraging to note the downward trend which one hopes is due to active measures taken by livestock producers to combat this condition causing a great loss of valuable food. In May another informal meeting, with the Senior Meat Inspector as Chairman, was held between the representatives of the Brighton, Hove and District Butchers' Association and the Sussex National Farmers' Union. Ways and means of informing livestock producers of the presence of *Fascioliasis* in cattle slaughtered at the Public Abattoir were discussed. It was decided that the co-operation of Market Auctioneers be sought and it is now the practice in certain local markets for the Auctioneers to notify the producer when a whole liver has been rejected for *Fascioliasis*. By this method it is hoped that further reductions in the *Fascioliasis* incidence will be made.

"Milk-spot" livers found in pigs, due to irritation and arrest of the larvae of a roundworm—*Ascaris lumbricoides* var. *suis*—is another example where producers could reduce unnecessary wastage of food. *Ascariasis* was the reason for rejection of 19% of all pigs' livers, whole or part. Representation was made by a butcher whose experience was that 80% of his pigs' livers were rejected for food because of *Ascariasis*. It was pointed out to him that, since his losses were so much greater than the average in the Public Abattoir, he was probably buying from producers who either tolerated or were ignorant of the worm infestation in their pigs.

Cysticercosis shews a slight rise in incidence but only 24% of the cysts found were viable and the meat and offal concerned consigned for cold storage treatment. Tables giving distribution of viable and non-viable cysts are shewn.

TABLE 2
Distribution of viable cysts

Class and Approximate Age		Masseters		Heart		Tongue Substance
		External	Internal	Surface	Muscle	
Heiflers and Steers	1 —1½	1	—	—	1	—
	1½—2	7	3	—	—	—
	2 —2½	1	—	—	—	—
	2½—3	9	1	1	1	—
	3 —3½	1	2	—	1	1
	3½—4½	3	2	—	—	—
Cows	4½	—	1	—	—	—
	7+	1	—	—	—	—
Totals		23	9	1	3	1

NOTE.—On 5 occasions, 2 cysts were found in one animal.

TABLE 3
Distribution of non-viable cysts

Class and Approximate Age		Masseters		Heart	
		External	Internal	Surface	Muscle
Heiflers and Steers	1 —1½	3	1	1	—
	1½—2	10	9	3	4
	2 —2½	5	6	1	3
	2½—3	14	4	1	9
	3 —3½	2	—	—	1
	3½—4½	3	2	3	6
Cows	4½	6	3	—	1
	7	—	—	1	—
Totals		43	25	10	24

NOTE.—On 2 occasions 2 cysts were found in one animal.

Medical statistics available in this area concerning *Taeniasis* do not show the existence of a human infestation directly proportional to the incidence of *C.bovis* in cattle. *Cysticercosis* would seem to be primarily a problem of meat inspection but the placing of all suspect meat and offal, irrespective of viability of the cyst found, into cold storage with the consequent deterioration in value gives rise to yet another economic wastage. Thorough investigation to determine whether human *taeniasis* has an incidence corresponding to that of bovine *cysticercosis* should be made and more direct instructions, in accord with the conclusions reached, should then be issued for the disposal of meat and offal where non-viable cysts are discovered. The immediate but somewhat unpalatable answer to the human problem, if it does really exist, is the thorough cooking of all meat. This has always been the practice with pork, except in certain areas of this country where sausage meat is eaten raw. In pork, the presence of cysts causing *Taeniasis* or *Trichinosis* in humans is rare.

The incidence of *cysticercosis* in beef is much more prevalent than that found in pork and it is indeed fortunate that the symptoms in humans also vary with the two infections. It would appear that *cysticercosis* in beef may produce tapeworm in man but invasion of the musculature is indeed rare.

In meat inspection practice, the finding of pneumonia in lungs is sufficient cause for their rejection and normally no further examination is made to determine whether the pneumonia is of bacterial or parasitical origin. Apart from the shot-like foci caused by one type of lungworm found in sheep lungs, random samples in the past have failed to reveal any adult live worms in lung bronchioles. This year, because of renewed interest in the possible incidence of lungworms, more detailed examination of pneumonic patches encountered have been made. On very many occasions it was possible to demonstrate the presence in bronchioles of the live adult threadworm responsible for parasitic bronchitis and pneumonia in sheep, mature calves and rarely in pork pigs. This year's heavy rainfall has probably produced a high incidence of "husk" or "hoose", as the farmer knows it, and shows that livestock producers have another problem.

One afternoon in January a telephone call informed the Public Abattoir that one of the slaughtering contractors had received in the past 24 hours, four pigs from premises where Foot and Mouth Disease had been confirmed. The outbreak of disease was associated with the escape of the African variety of the virus from the Foot and Mouth Research Centre at Pirbright, Surrey. As it was known that the contractors had killed their stock of pigs that same morning and had been removing inspected carcasses from the Public Abattoir, the possibility of locating the contact carcasses seemed poor. Routine inspections during the morning had revealed no lesions suggestive of Foot and Mouth Disease but, of course, no specific attention had been paid to predilection sites. Movement of pig carcasses within and out of the Public Abattoir was stopped and search made for the carcasses with the known tattoo mark. In a lorry, loaded and ready to move off, two carcasses were found and the other two were located in the hanging room. In the meantime a Veterinary Officer from the Ministry of Agriculture, Fisheries and Food arrived and a thorough inspection of the carcasses was made. No lesions were found and the carcasses, being fit for human consumption, were released.

The possibility of Foot and Mouth Disease was again suspected on a later occasion when an urgent request to look at the blisters on the mouths of some sheep, just delivered from a local farm, was received by the Meat Inspectors. Examination of the sheep concerned revealed what was thought to be contagious postular dermatitis or "orf", said to be endemic throughout this country. As this condition had not been seen in the Public Abattoir for the past eleven years, veterinary advice was sought. The diagnosis was confirmed thus ruling

out all the complications of the Public Abattoir becoming a Foot and Mouth infected place.

The improvement of livestock production by hormone implantation has been very much in the news in recent years. In normal circumstances it is not usual for the Meat Inspector to be informed that he is inspecting animals that have been subjected to this treatment. The number of treated animals slaughtered at the Public Abattoir has been relatively small. On several occasions the unusual occurrence in routine inspection of a run of some twelve to fifteen bovine livers, all free from disease and well above average weight, has prompted the Meat Inspector to make enquiries and it has been found that the producer has carried out hormone implantation as part of his animal husbandry. However, if local experience is correct, it would seem that these remarkable livers are the only noticeable improvement to be gained. The local representative of a large wholesale firm operating from the Public Abattoir, mainly concerned with sales appeal, is of opinion that the carcasses were damp and lacking in finish, whilst treated steers gave an appearance of bull meat although no muscle crest, characteristic of a bull, had developed. The effect on gimmers (virgin sheep over one year old) was to give them ewe characteristics with udders discharging milky fluid. In all instances it was considered that the quality of carcase meat was poor. It is not surprising to learn that the treatment used with these animals was a synthetic female hormone, which, of course, would account for the mimicry of pregnancy found in the females slaughtered. It is understood that these side effects were quickly acknowledged and this particular type of hormone used only in fattening steers for which claims are made for remarkable weight increases. Other natural balanced hormones, free from side effects, are also available.

The stated object of hormone treatment is to bring younger animals more cheaply to market for sale as butchers' meat and the simplest effect of the treatment is an increase in appetite. It has also been said that hormone treatment is no more unnatural than castration of the male animal but this is a debateable point. There is a lot of contradictory evidence on the success of hormone treatment and the practice does seem to be dying out. By making the implant in the ears of the animal the risk to Public Health is said to be avoided, since the ears, not being used for food, are discarded. Nevertheless, foods containing a hormone supplement can be obtained and as the food should be discontinued at least three days before slaughter the problem of an animal, so fed, becoming the subject of emergency slaughter arises.

DISEASES OF ANIMALS ACTS

Swine Fever Order of 1938

During routine inspection of pig carcasses, Swine Fever was suspected and the pig slaughterhouse declared to be an Infected Place on three occasions. Following disinfection of the premises and the cremation of affected carcasses and offals, the restrictions were cancelled by the Ministry of Agriculture, Fisheries and Food.

Three smallholdings were declared to be Infected Places when Swine Fever was suspected to be the cause of sudden deaths of pigs or post mortem changes in pigs slaughtered, and the Animal Health Division of the Ministry of Agriculture, Fisheries and Food confirmed Swine Fever at 2 smallholdings and a further contact premises was also placed under Restrictions.

Anthrax Order of 1938

At the local Knacker's Yard, the carcase of a Guernsey cow was suspected to be affected with Anthrax. Investigation was made by the Ministry of Agriculture, Fisheries and Food and the Veterinary Inspector concerned issued a Certificate of Non-Existence of Disease.

Sheep Scab Order of 1938

One notification of intention to dip sheep was received and arrangements were made for a Police Officer to be present at the sheep dipping to ensure that the requirements of the Order were complied with.

Regulation of Movement of Swine Order of 1959

All swine arriving on premises within the County Borough were visited by Police Officers during the prescribed period.

Ten Movement Licences, involving a total of 94 pigs, were issued by the Inspector of the Local Authority in accordance with the requirements of the Order.

Fowl Pest Orders of 1936 and 1947

In the County of East Sussex an explosive outbreak of Fowl Pest, involving 29 premises, occurred within one week and, consequently, the County became subject to the Fowl Pest (Infected Areas Restrictions) Order, 1956. From 28th January until 25th March, movement of poultry out of, within or into the area, except under licence, was prohibited. Poultry keepers readily appreciated the need for these Restrictions and only six Movement Licences, involving 250 head of poultry for immediate slaughter, were issued. During the same period of control, in compliance with the Order, chicken entrails and refuse from the Ritual Poultry Slaughterhouse, Vine Street, and the Associated Kosher Butcher's Shops, were collected by the Corporation Cleansing Department and, without any delay, deep-buried at Sheepcote Valley. By this means the usual collectors, of waste intended for animal feeding, were prevented from obtaining material likely to spread Fowl Pest. It is worth recording that no outbreak of Fowl Pest occurred in the County Borough.

Slaughter of Animals Acts 1958

Twenty-nine slaughtermen were in possession of licences issued by the County Borough on 31st December, 1960.

ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR

Carcases and offal inspected and condemned in whole or in part

	<i>Beasts</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
Killed... ..	9,382	7,107	27,899	34,110
Inspected	9,382	7,107	27,899	34,110
<i>All diseases except Tuberculosis</i>				
<i>Cysticerci</i>				
Whole carcases condemned ...	17	39	41	93
Carcases of which some part or organ was condemned ...	6,419	180	3,356	13,680
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	68.60	3.08	12.18	40.38
<i>Tuberculosis only</i>				
Whole carcases condemned ...	7	1	—	—
Carcases of which some part or organ was condemned ...	104	3	1	100
Percentage of the number inspected infected with tuberculosis	1.18	0.06	—	0.29
<i>Cysticercosis</i>				
Carcases of which some part or organ was condemned ...	132	—	—	—
Carcases submitted to treatment by refrigeration ...	32	—	—	—
Generalised and totally condemned	—	—	—	—
Percentage of the number inspected affected with cysticercosis	1.41	—	—	—

COUNTY BOROUGH OF BRIGHTON



ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

W. S. PARKER, *V.R.D.*

M.B., Ch.B., M.R.C.S., L.R.C.P., D.I.H., D.P.H.

1960

HEALTH DEPARTMENT,
ROYAL YORK BUILDINGS,
BRIGHTON 1.

April 1961.

To the Members of the Brighton Education Authority

MR. MAYOR, LADIES AND GENTLEMEN,

I wish to present my Annual Report as Principal School Medical Officer to the Brighton Education Authority.

The Mental Health Act 1959 has now become law, and the requirements for the ascertainment of subnormal and severely subnormal children has become more informal. However, certain statutory steps are still necessary to ensue that the proper placement is made for these slow-developing children.

As stated in previous years the hard core of verminous children is still in our community. Continuous vigilance and effort must be maintained by all concerned.

There is still one vacancy for a School Dental Surgeon. Repeated advertisements have been inserted in the professional journals. The number of applicants has been very limited. This state of affairs is part of a national shortage within the School Dental Service. Serious consideration must be given to broadening the scope of work for the school dentist, otherwise this essentially preventive service will die of sheer inanition.

The prevention and early detection of pulmonary tuberculosis is an aim accepted by all. Two complementary methods are available. Firstly, the resistance of children can be determined by the tuberculin test. If found to have no resistance then B.C.G. vaccination is offered. Secondly, in adults the above procedure is not valid since each individual may show evidence of previous infection. Therefore an alternative means must be sought. For many years every member of the adult population has been advised to have their chest radiologically examined at regular intervals. Those adults having contact with children need special attention. Pulmonary tuberculosis in its early stages is an insidious condition. A sufferer may not realize that he or she is a hazard to those around them. It follows that an annual radiological chest examination for the teaching profession is a sound preventive measure in the spread of tuberculosis among schoolchildren. As pulmonary tuberculosis is now a disease of the middle-aged as well as the young, your policy of annual x-ray of chest is to the teacher's advantage. During the year a very small minority of teachers have initially resisted this basic condition of service on the grounds of radiological danger. After discussion and explanation the teachers concerned have been agreeable. My advice as given in 1953 still stands that every teacher should have an annual x-ray of the chest.

Miss J. M. Goldsmith, your Senior Physiotherapist, retired from the School Health Service at the end of the year. Our best wishes go with her for the future.

I also wish to record the continued interest and support of the Education School Services Sub-Committee and their Chairman, Councillor R. E. Fitch, and the Chairman of the Main Committee, Councillor S. D. Deason. The co-operation of the Director of Education and his staff is acknowledged.

The report sets out the work of the staff of the Brighton School Health Service. The contribution of the Senior School Medical Officer should be mentioned.

Yours faithfully,

W. S. PARKER,

Principal School Medical Officer.

EDUCATION COMMITTEE FOR THE COUNTY BOROUGH OF BRIGHTON

List showing members of the Education Committee and certain Sub-Committees
as at 31st December, 1960.

EDUCATION COMMITTEE

Chairman: Councillor S. D. Deason

His Worship the Mayor
(Alderman A. J. M. JOHNSON, J.P.)
Alderman W. H. G. BUTTON
" G. FITZGERALD
" E. W. KIPPIN
" J. A. TREVELYAN LEAK
" A. J. SADLER
" J. C. SHERROTT
" Miss E. M. SHORT, M.R.S.T.
" Miss D. E. STRINGER, O.B.E.
" C. H. TYSON, B.SC., F.C.A.
" F. E. WINCHESTER
Councillor D. S. Y. BAKER, M.B.E.
" E. W. R. EDE, M.B.E.
" R. E. FITCH

Councillor Mrs. E. M. HIDER
" D. W. MANTON
" D. B. SHELDON
" W. F. SHELDON
" W. C. TOMPSETT
" Mrs. M. L. WIGGANS
The Rev. M. G. COSTELLO
Mr. E. J. FITZGERALD
The Rev. H. A. HAMILTON
Mrs. M. JAMESON
The Rev. Canon J. N. KEELING
Mrs. M. G. MILLS, M.A.
Mr. A. L. PERKINS, M.A.
Mr. F. A. STEEL
Mr. V. A. A. TAYLOR

SCHOOLS SERVICES SUB-COMMITTEE

Chairman: Councillor R. E. Fitch

His Worship the Mayor
(Alderman A. J. M. JOHNSON, J.P.)
Alderman BUTTON
Councillor BAKER
" DEASON (*ex-officio*)
" EDE
" MANTON

Councillor TOMPSETT
" Mrs. WIGGANS
Mr. FITZGERALD
Mrs. JAMESON
Mr. STEEL
Mr. TAYLOR

SCHOOL ATTENDANCE AND EMPLOYMENT BRANCH SUB-COMMITTEE

Chairman: Councillor Mrs. M. L. Wiggans

Alderman BUTTON
Councillor BAKER
" DEASON (*ex-officio*)
" EDE
" FITCH
" MANTON
" TOMPSETT

Mr. J. A. BOLTON (Representative,
Brighton Teachers' Association)
Miss R. EVANS (Representative, Brighton
Teachers' Association)
Mr. FITZGERALD
Mrs. JAMESON
Mr. E. POTTER

MANAGERS OF THE BRIGHTON DAY SPECIAL SCHOOL FOR EDUCATIONALLY SUB-NORMAL CHILDREN

Chairman: Councillor D. S. Y. Baker, M.B.E.

Alderman BUTTON
" Miss STRINGER
Councillor DEASON (*ex-officio*)
" FITCH (*ex-officio*)

Councillor Mrs. J. E. HAY
Mrs. JAMESON
Mrs. M. ROBBINS

SCHOOLS SERVICES (APPOINTMENTS) BRANCH SUB-COMMITTEE

Councillor DEASON (*ex-officio*)
" FITCH (*ex-officio*)

Councillor MANTON
Mrs. JAMESON

SCHOOL HEALTH SERVICE STAFF

Medical Officers

W. S. PARKER, *V.R.D.*, M.B., Ch.B., M.R.C.S., L.R.C.P., D.I.H., D.P.H., Principal School Medical Officer.
 A. M. NELSON, M.B., Ch.B., D.P.H., Deputy Principal School Medical Officer.
 L. B. PETERS, M.B., B.S., Senior School Medical Officer.
 L. D. WILLIAMS, *T.D.*, M.R.C.S., L.R.C.P., D.P.H., School Medical Officer.
 MARY C. PRICE, M.B., Ch.B., C.P.H., School Medical Officer.
 J. A. CHOLMELEY, F.R.C.S., Orthopaedic Surgeon (part-time).
 D. ST. CLAIR ROBERTS, M.A., B.M., B.Ch., F.R.C.S., Ophthalmic Surgeon (part-time).
 N. R. W. SPACEK, M.B., D.A., F.F.A.R.C.S., Anaesthetist (part-time).

Dental Officers

E. G. H. LIGHTFOOT, L.D.S., U.St.And., Principal School Dental Officer.
 PAULINE OSIS, D.D.D., School Dental Officer.
 R. H. THOSEBY, L.D.S.R.C.S., School Dental Officer.
 IRMA DROTH, L.D.S.R.C.S., School Dental Officer.

Speech Clinic

Miss R. WOODWARD, L.C.S.T.
 Mrs. E. STONE, L.C.S.T.

Orthopaedic Clinic

Miss J. M. GOLDSMITH, M.C.S.P., Senior Physiotherapist (to 31-12-60)
 Mrs. D. McNULTY, M.C.S.P., Assistant Physiotherapist.

School Nursing Staff

†Miss A. WEBBER,* Senior School Health Visitor
 Miss A. ORRIDGE*
 Miss E. WATTERSON*
 Miss A. LEACH*
 Mrs. I. CHASE (to 21-9-60)

Miss J. VIGAR (to 31-10-60)
 Miss F. HOLLANDS*
 Miss J. DAVIDSON
 Miss O. BLANDFORD (from 19-9-60)
 Miss S. PEWTRESS (from 1-11-60)

*Health Visitors Certificate

†Parentcraft Teachers' Certificate

Clerical Staff

Mr. F. N. WRIGHT, Senior Clerk
 Miss V. I. NANSCAWEN
 Mrs. M. BIRD

Mrs. G. DOWNS (to 12-8-60)
 Miss E. GYLES
 Miss H. MUNDAY (from 19-9-60)

Dental Attendants

Miss D. SILVER, Senior Dental Attendant
 Mrs. C. McARTHUR (to 28-5-60)
 Miss L. SERCOMBE

Miss A. ROUND
 Miss A. MAJOR (from 30-5-60)
 Miss J. MATTHEWS (from 22-8-60)

The population of Brighton at mid-1960 was 160,860 of which 21,764 were school children in maintained schools. The school population has shown an increase of 191 children (1959—21,573).

TABLE I
SCHOOL POPULATION

	<i>No. of schools</i>	<i>Average number on registers</i>	<i>Average attendance</i>	<i>Percentage of attendance</i>
Secondary Grammar ...	3	1,922	1,816	94.5
Secondary Modern ...	16	6,665	6,098	91.5
Primary ...	45	12,612	11,330	89.8
	64	21,199	19,244	90.8
Day Special School for E.S.N. Children ...	1	178	157	88.3
Nursery ...	2	79	63	79.4
Brighton, Hove and Sussex Grammar. (Jointly main- tained by Brighton and East Sussex Education Authorities) ...	1	664*	636	95.7
*308 pupils belong to Brighton				
343 pupils belong to East Sussex				
13 pupils belong to other education authorities				

MEDICAL INSPECTION RETURNS

Year ending 31st December, 1960

TABLE II

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS

<i>Age Groups Inspected</i> (<i>By years of birth</i>) (1)	<i>No. of pupils Inspected</i> (2)	<i>Physical Condition of Pupils Inspected</i>			
		SATISFACTORY		UNSATISFACTORY	
		<i>No.</i> (3)	<i>% of Col. 2</i> (4)	<i>No.</i> (5)	<i>% of Col. 2</i> (6)
1956 and later	376	363	96.54	13	3.46
1955	1,058	1,056	99.81	2	0.19
1954	824	816	99.03	8	0.97
1953	135	134	99.26	1	0.74
1952	100	99	99.00	1	1.00
1951	111	111	100.00	—	—
1950	1,136	1,121	98.68	15	1.32
1949	623	618	99.20	5	0.80
1948	128	125	97.66	3	2.34
1947	94	94	100.00	—	—
1946	1,094	1,087	99.36	7	0.64
1945					
and earlier	707	705	99.70	2	0.30
TOTAL ...	6,386	6,329	99.10	57	0.90

B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	4,384
Number of re-inspections	...	...	...	...	...	4,503
						8,887

The number of children examined at periodic medical inspections was 6,386 against 6,303 in 1959, a slight increase of 83.

The number of re-inspections decreased from 4,912 in 1959, to 4,503 in 1960, but the number of special inspections increased from 4,216 in 1959, to 4,384 in 1960.

The physical condition of the pupils is at a high level. In 57 pupils or 0.90 an unsatisfactory physique was found compared with 0.95 in 1959.

The co-operation and collaboration of the teaching staff is gratefully acknowledged, otherwise it would not have been possible to arrange the routine medical inspections.

Percentage of parents attending Medical Inspections:

					1960	1959	1958
Entrants	...	...	...	...	92%	90%	91%
Intermediate	...	...	...	...	77%	76%	78%
Leavers	...	...	...	...	25%	28%	31%
Average	...	...	...	...	64.7%	63.6%	66.6%

TABLE III

B.—*Pupils found to require treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin).*

<i>Age Groups Inspected (by year of birth)</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Part I I</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)
1956 and later	4	87	85
1955	13	180	185
1954	8	119	121
1953	5	28	32
1952	8	19	24
1951	10	15	21
1950	73	150	212
1949	57	82	132
1948	16	21	33
1947	7	17	23
1946	132	75	194
1945 and earlier	76	39	112
TOTAL ...	409	832	1,174

The number of individual pupils requiring treatment, or under treatment (1,174), showed a slight increase of 5 as compared with 1959 (1,169).

The 6.4% of children inspected who were found to require treatment for defective vision compares with 5.7% in 1959.

TABLE IV

Defects found by medical inspection in the year ended 31st December, 1960.

A.—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
(1)	(2)								
4	Skin	33	32	20	5	50	31	103	68
5	Eyes:								
	(a) Vision	30	79	208	45	171	103	409	227
	(b) Squint... ..	34	1	6	1	25	1	65	3
	(c) Other	8	3	4	2	26	15	38	20
6	Ears:								
	(a) Hearing	14	14	8	4	13	18	35	36
	(b) Otitis Media	2	13	2	2	7	8	11	23
	(c) Other	2	24	3	1	10	7	15	32
7	Nose and Throat	144	181	8	25	84	164	236	370
8	Speech	44	25	1	1	23	20	68	46
9	Lymphatic Glands	1	35	—	2	2	38	3	75
10	Heart... ..	9	16	7	13	17	21	33	50
11	Lungs	21	65	2	18	41	82	64	165
12	Developmental:								
	(a) Hernia... ..	5	1	—	—	2	—	7	1
	(b) Other	2	22	1	1	11	30	14	53
13	Orthopaedic:								
	(a) Posture	17	12	9	6	44	55	70	73
	(b) Feet	40	25	15	3	29	16	84	44
	(c) Other	23	39	18	18	73	61	114	118
14	Nervous System:								
	(a) Epilepsy	2	—	1	—	2	—	5	—
	(b) Other	3	2	12	3	2	33	17	38
15	Psychological:								
	(a) Development	6	7	—	1	5	3	11	11
	(b) Stability	3	13	1	—	3	31	7	44
16	Abdomen	3	7	3	1	4	3	10	11
17	Other... ..	4	33	7	10	15	31	26	74

TABLE IV—continued

TABLE B.—SPECIAL INSPECTIONS

<i>Defect Code No. (1)</i>	<i>Defect or Disease (2)</i>	<i>Pupils requiring Treatment (3)</i>	<i>Pupils requiring Observation (4)</i>
4	Skin	96	5
5	Eyes:		
	(a) Vision	192	50
	(b) Squint	15	2
	(c) Other	39	1
6	Ears:		
	(a) Hearing	41	5
	(b) Otitis Media	3	—
	(c) Other	36	2
7	Nose and Throat	77	35
8	Speech	51	4
9	Lymphatic Gland	2	1
10	Heart	3	3
11	Lungs	39	14
12	Developmental:		
	(a) Hernia	1	—
	(b) Other	—	—
13	Orthopaedic:		
	(a) Posture	21	1
	(b) Feet	48	5
	(c) Other	96	8
14	Nervous system:		
	(a) Epilepsy	6	1
	(b) Other	2	4
15	Psychological:		
	(a) Development	41	5
	(b) Stability	16	4
16	Abdomen	2	2
17	Other	244	23

TABLE V

Recorded incidence of certain defects found to require treatment at periodic inspections per 1,000 pupils examined.

	1960	1959	1958
Total children examined	6,386	6,303	6,236
Skin	16.1	13.1	10.2
Eyes:			
(a) Vision	64.0	57.27	30.6
(b) Squint	10.2	8.1	6.7
(c) Other	6.0	2.8	2.0
Ears:			
(a) Hearing	5.5	6.9	4.4
(b) Otitis Media	1.7	1.2	1.3
(c) Other	2.3	2.0	0.8
Nose and Throat	37.0	50.7	48.1
Speech	10.6	10.9	5.7
Lymphatic Glands	0.5	1.9	2.0
Heart	5.1	3.6	2.7
Lungs	10.0	8.2	10.2
Developmental:			
(a) Hernia	1.1	1.2	0.3
(b) Other	2.2	2.8	1.9
Orthopaedic:			
(a) Posture	11.0	9.0	10.1
(b) Feet	13.0	10.6	14.5
(c) Other	18.0	19.2	21.1
Nervous System:			
(a) Epilepsy	0.8	0.1	0.3
(b) Other	2.6	0.9	1.6
Psychological:			
(a) Development	1.7	1.1	1.1
(b) Stability	1.1	2.2	1.4
Abdomen	1.6	0.4	0.1
Other	4.1	1.7	2.7

It should be noted that there is an increase in the incidence of visual defects requiring treatment. This pattern may well be part of a true national increase.

TABLE VI

Number of children examined other than Routine Medical Inspections:

Pupils presented by a teacher or parent for suspected defect:							
In schools ... ..	...	...	...	...	...	...	58
In clinic ... ..	...	...	...	...	...	...	1,045
Other special inspections for mental and physical defects, employment, boarded-out children, etc.							
	...	...	...	...	...	...	3,281
							<u>4,384</u>
Re-inspection of pupils previously found to have some defect:							
In schools ... ..	...	...	...	...	...	...	2,991
In clinic ... ..	...	...	...	...	...	...	1,512
							<u>4,503</u>

There is an increase in the number of special inspections from 4,216 in 1959, to 4,384 in 1960. The number of re-inspections at schools has fallen from 3,723 in 1959, to 2,991 in 1960, but the number examined at the Clinic has increased from 1,189 in 1959, to 1,512 in 1960.

TABLE VII
Central and Branch Clinics

Clinic	Times of Attendance	Work Undertaken
<i>Central School Clinic, Sussex Street:</i>	Full-time	Centre for examination of special cases, ophthalmic, orthopaedic and speech clinics. Inspection, minor ailment and immunisation clinics. Routine dental treatment and dental treatment of emergency cases. General anaesthetics and dental radiography. Child Welfare appointments. Vermineous treatment.
<i>Branch Medical Clinics:</i>		
Moulsecoomb School	Thursday afternoons	Minor ailment (Nurse only)
Whitehawk Child Welfare Centre	Friday afternoons	Minor ailment (Nurse only)
Patcham Junior School	Alternate Wednesday afternoons	Minor ailment (Nurse only)
Carden Junior School	Alternate Wednesday afternoons	Minor ailment (Nurse only)
Carden Junior School	Monday afternoons	Speech therapy
Whitehawk Infants' School	Tuesday all day	Speech therapy
Woodside School	Thursday afternoons	Speech therapy
Moulsecoomb School	Wednesday all day	Speech therapy
Balfour C.P. School	Thursday mornings	Speech therapy
<i>Branch Dental Clinics:</i>		
Carden Junior School	Tuesday all day	Emergency cases, routine appointments Child Welfare appointments
ditto	Friday all day	Emergency cases, routine appointments
Whitehawk Child Welfare Centre	Monday all day	Emergency cases, routine appointments Child Welfare appointments
ditto	Thursday all day	Emergency cases, routine appointments Routine appointments Child Welfare appointments
Moulsecoomb School	Monday all day	Emergency cases, routine appointments Routine appointments Child Welfare appointments
ditto	Tuesday mornings	Emergency cases, routine appointments
ditto	Friday all day	Emergency cases, routine appointments
<i>Child Guidance Clinic, Princes Street:</i>	Tuesday all day Thursday all day	Child Guidance

ARRANGEMENTS FOR INSPECTION

Inspection Clinics

It is good to report an increase in the attendance at this clinic from 800 children in 1959, to 1,045 in 1960, a very important adjunct to the periodic medical inspections carried out in schools. Nevertheless, it would seem that more use could be made of this clinic where parents can come and discuss various problems. The 1,045 children made 1,297 attendances at this clinic and were referred where necessary to the family doctor, or to the minor ailment or specialist clinics.

Minor Ailment Clinics:

Number of cases treated 2,242

Total number of attendances 5,251

There has been an increase of 168 cases treated in the Minor Ailment Clinics compared with 1959.

The following table gives the various conditions treated:—

TABLE VIII

Condition	Sussex Street			Moulseccomb			Whitehawk			Patcham & Carden		
	Cases	Re-exams	Total atts.	Cases	Re-exams	Total atts.	Cases	Re-exams	Total atts.	Cases	Re-exams	Total atts.
External Eye—												
Blepharitis ...	59	85	144	9	14	23	6	2	8	—	—	—
Conjunctivitis	106	159	265	1	3	4	10	21	31	—	—	—
Other...	80	68	148	12	15	27	16	8	24	—	—	—
Ear—												
Earache ...	62	113	175	4	5	9	14	5	23	—	—	—
Otorrhoea ...	8	23	31	1	2	3	3	14	17	—	—	—
Deafness ...	1	2	3	1	1	2	1	1	2	—	—	—
Skin—												
Ringworm—												
Scalp ...	—	—	—	—	—	—	—	—	—	—	—	—
Body ...	—	—	—	—	—	—	—	—	—	—	—	—
Scabies ...	—	—	—	—	—	—	—	—	—	—	—	—
Impetigo ...	50	169	219	10	22	32	3	3	6	1	1	2
Other...	238	85	323	40	19	59	23	11	34	52	29	81
Miscellaneous— (e.g., Minor injuries, burns, sores etc.) ...	924	1,847	2,771	169	111	280	314	136	450	24	31	55

Detailed analysis of cases attending all minor ailment clinics.

Condition	No. of cases seen at Minor Ailment Clinics	
	1960	1959
External Eye:		
Blepharitis ...	74	42
Conjunctivitis ...	117	134
Other ...	108	116
Ear:		
Earache...	80	89
Otorrhoea ...	12	11
Deafness ...	3	12
Skin:		
Ringworm—Scalp	nil	nil
—Body	nil	2
Scabies ...	nil	nil
Impetigo ...	64	66
Other ...	353	289
Miscellaneous: (e.g., Minor injuries, burns, sores, etc.) ...	1,431	1,313

The number of children attending for conjunctivitis compared with previous years is as follows:

1960 ...	117
1959 ...	134
1958 ...	253
1957 ...	133

OPHTHALMOLOGY

Mr. D. St. Clair Roberts, F.R.C.S., Consultant Ophthalmic Surgeon reports on the work of the Ophthalmic clinics:—

The work of the clinic continues in close co-operation with the Sussex Eye Hospital. As far as possible suitable cases attending the Eye Hospital are referred to the clinic for follow-up.

The value of the Routine Eye Test for school is strikingly shown by the number of children with considerable visual defects who themselves made no complaint and who would have remained undetected without such an examination.

TABLE IX

Eye Diseases, Defective Vision and Squint

						<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	...					299
Errors of refraction (including squint)	...	...	...	...	...	1,807
				Total	...	2,106
Number of pupils for whom spectacles were prescribed	...			...	...	787

Defective Vision:

During the year 124 sessions were held. Total number of cases dealt with was 1,807 (1959—1,634). There were 499 new cases (including squints), (1959—586). Glasses were prescribed for 787 children (1959—878).

Nose and Throat Defects:—

718 pupils were examined for conditions relating to their tonsils and adenoids, compared with 897 in 1959. Of this total, 185 were referred to hospital for treatment. The remainder were kept under observation, 768 children received operative treatment for adenoids and chronic tonsillitis (870 in 1959).

Audiometry:—

The following is the result of tests carried out in 1960:—

74 children were referred for testing. These cases originated from routine medical inspections at school and from the consultation clinic.

Of this total:—

62 children whose hearing was found to be normal.

5 children in which the test was not found to be completely satisfactory (for further test later).

7 children referred to the Sussex Throat and Ear Hospital for further investigation.

Of the 7 children referred to hospital:—

1 child whose hearing loss was sufficient to warrant the issue of a hearing aid.

3 children discharged fit after treatment.

3 children still under investigation.

8 children were re-examined during the year, 7 being discharged and 1 remaining under observation.

TABLE X

Diseases and Defects of Ear, Nose and Throat

	<i>Number of cases known to have been dealt with</i>
Received operative treatment:	
(a) for diseases of the ear	27
(b) for adenoids and chronic tonsillitis	768
(c) for other nose and throat conditions	73
Received other forms of treatment	95
Total	963
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1960	1
(b) in previous years	10

(a) A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

Cardiac Clinic:

During the year 18 new cases were referred (23 cases in 1959). 31 re-examinations were carried out, 16 girls and 15 boys.

TABLE XI

Types of Heart Defects seen during the year

	<i>Infants</i>	<i>Juniors</i>	<i>Seniors</i>	<i>TOTAL</i>
Incidental murmur... ..	10	5	1	16
Not diagnosed—possibly small atrial septal defect	1	—	—	1
Not diagnosed	—	1	—	1
	11	6	1	18

Verminous Children

In 1960, 733 individual pupils were found to be infested compared with 348 individual pupils in 1959.

The total number of individual examinations in schools carried out by the school nurses has risen by 6,659 examinations. In spite of this increased vigilance by your staff there was a rise in the incidence of infestation. As far as possible strenuous efforts are made to encourage the individual parents to treat their own infested children. In this way older members of the family over school age are educated to look for and treat the offending vermin. Your staff have no statutory powers to inspect the parents or young adults, who may well be the reservoir of infestation within the family unit. However, on an informal basis and with the permission of the adult concerned your staff do give all the help they can.

TABLE XII*Infestation with Vermin*

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorized persons	51,577
(ii) Total number of individual pupils found to be infested ...	733
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...	270
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ...	1

TABLE XIII*Cases Treated:*

Number of individual pupils treated	159
Number of cases treated	482
Number of scabies treated	—

TABLE XIV*Nurses' Inspections:*

Cleanliness examinations of children in schools	51,577
Visits to school departments... ..	1,636
Number of home visits	2,535
Number of 7+ vision testings	1,758
Number of 11+ vision testings	1,823

Additional duties carried out during the year:

B.C.G. sessions... ..	59
Poliomyelitis vaccination clinics	94

Miss Webber paid 200 visits to school departments as under:

Mothercraft talks	198
School leavers	2

The blending of the nursing staffs in the public health field envisaged in my last report took another step forward. The respective Committees agreed that health visitors should undertake certain duties within the School Health Service. From the beginning of the autumn term 1960, on a trial basis a health visitor was responsible for the school nursing functions in a very limited number of infant schools. Another health visitor has been seconded to assist the Senior School Health Visitor with the mothercraft talks to senior girls. It is too early to assess the results of this trial.

TABLE XV

Diseases of the Skin (excluding uncleanness—see Table 12)

										<i>Number of cases known to have been treated</i>	
Ringworm:											
(a) Scalp	...	...	...	...	...	...	...	...	...	—
(b) Body	...	...	...	...	...	...	...	...	...	—
Scabies	...	...	...	...	...	...	...	...	...	—
Impetigo	...	...	...	...	...	...	...	...	...	64
Other skin diseases	...	...	...	...	...	...	...	...	...	353
Total										...	417

TABLE XVI

Other Treatment Given

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	1,431
(b) Pupils who received convalescent treatment under School Health Service arrangements... ..	—
(c) Pupils who received B.C.G. vaccination	907
(d) Other than (a), (b) and (c) above—	
Appendicectomy	31
Miscellaneous	42
Total (a-d)	2,411

TABLE XVII

Handicapped Pupils

Handicapped pupils ascertained during the year requiring education at a special school:

	1960	1959
(a) Blind	0	1
(b) Partially sighted	3	1
(c) Deaf	1	1
(d) Partially deaf	0	1
(e) Educationally sub-normal	35	35
(f) Epileptic... ..	2	1
(g) Maladjusted	8	9
(h) Physically handicapped	2	3
(i) Speech	0	0
* (j) Delicate	10	8

- (b) One child previously attending a residential special school for the blind, was reclassified and transferred to a residential special school for partially sighted. One child previously attending a residential special school for the blind, was reclassified as physically handicapped/educationally sub-normal/partially sighted, and transferred to the appropriate special school.
- (c) Six children were recommended for special educational treatment as educationally sub-normal pupils at ordinary schools, and one child attending the day special school was recommended for admission to a residential special school.
- (h) Three physically handicapped children were recommended for tuition at home. Two physically handicapped children were recommended to attend ordinary school with modifications. One physically handicapped child was recommended to attend the Central Class.
- *(j) A senior hospital paediatrician advised that a pupil suffering from asthma would benefit from treatment at a high altitude in Switzerland. His chest condition was deteriorating even although he had previously attended a residential open-air school. Accordingly an approach was made to the Chest and Heart Association and under the auspices of the Queen Alexandra Sanatorium Fund, this boy was admitted in May 1960, to the Pro Juventute Unit at Davos. The benefits to the child of this unique enterprise are awaited with interest.

CHILDREN UNSUITABLE FOR EDUCATION AT SCHOOL

The Mental Health Act 1959, has somewhat modified the regulations regarding children who are by reason of mental retardation unable to attend any school.

In the first place, the notice for examination of such children does not now have to be authorized by the Authority, but by an officer of the Authority. For obvious reasons the officer issuing the notice should normally be someone other than the medical officer carrying out the examination. Children who are thus designated, are no longer described as "ineducable" but as "unsuitable for education in school".

Another important change is that if a child suspected of being unsuitable for schooling and therefore dealt with under Section 57 of the Education Act 1944, can at the same time be dealt with under Section 34 of the Education Act if the examination shows the child to be fit for special schooling. This does away with the necessity for two examinations and unnecessary distress to parent and child.

Another modification is that the Section 57(4) of the Education Act has been abolished. This relates to children whose presence in school represents a danger to themselves or other children. It has been suggested that such measures as Home Tuition might be tried in such cases. The trouble is that such troublesome children are often such a serious problem to their parents that some action must be instituted to give relief and such children are often unacceptable to even the most tolerant residential school environment. Fortunately such children are only a minute proportion of the school population.

TABLE XVIII

Handicapped Children maintained by the Brighton Education Committee in Residential Special Schools, Independent Schools and Boarding Homes as at 31st December, 1960.

NAME OF SCHOOL	Blind	Partially Sighted	Deaf	Partially Deaf	Educationally Sub-Normal	Maladjusted	Delicate	Physically Handicapped	Speech Defects	Epileptic	Total
(a) RECOGNISED SCHOOLS:											
Barclay ...	-	2	-	-	-	-	-	-	-	-	2
Blatchington Court ...	-	4	-	-	-	-	-	-	-	-	4
Chaigeley ...	-	-	-	-	-	1	-	-	-	-	1
Cicely Haughton ...	-	-	-	-	-	1	-	-	-	-	1
Condoer Hall ...	1	-	-	-	-	-	-	-	-	-	1
Crowthorn ...	-	-	-	-	1	-	-	-	-	-	1
Greenwood ...	-	-	-	-	1	-	-	-	-	-	1
Hindley Hall ...	-	-	-	-	1	-	-	-	-	-	1
Lingfield ...	-	-	-	-	-	-	-	-	-	2	2
Littlegreen ...	-	-	-	-	-	1	-	-	-	-	1
Mary Hare ...	-	-	1	-	-	-	-	-	-	-	1
Moor House ...	-	-	-	-	-	-	-	-	1	-	1
Oak Bank ...	-	-	-	-	-	-	1	-	-	-	1
Penhurst ...	-	-	-	-	-	-	-	1	-	-	1
Port Regis ...	-	-	-	-	-	-	1	-	-	-	1
Royal London Society ...	2	-	-	-	-	-	-	-	-	-	2
Royal School ...	-	-	1	-	-	-	-	-	-	-	1
St. Catherine's ...	-	-	-	-	-	-	3	-	-	-	3
St. Dominic's... ..	-	-	-	-	-	-	3	-	-	-	3
St. John's ...	-	-	-	-	1	-	-	-	-	-	1
School for Partially Deaf ...	-	-	-	8	-	-	-	-	-	-	8
Staplefield Place ...	-	-	-	-	-	-	-	1	-	-	1
Sunshine House, East Grinstead ...	2	-	-	-	-	-	-	-	-	-	2
Suntrap ...	-	-	-	-	-	-	2	-	-	-	2
Trueloves ...	-	-	-	-	-	-	-	1	-	-	1
(b) INDEPENDENT SCHOOLS:											
Hamilton Lodge ...	-	-	12	1	-	-	-	-	-	-	13
Peredur ...	-	-	-	-	-	1	-	-	-	-	1
Philpots ...	-	-	-	-	-	2	-	-	-	-	2
Pitt House ...	-	-	-	-	-	1	-	-	-	-	1
Salmon's Cross ...	-	-	-	-	4	-	-	-	-	-	4
Seathwaite House ...	-	-	-	-	-	1	-	-	-	-	1
Staddles ...	-	-	-	-	-	1	-	-	-	-	1
(c) RECOGNISED BOARDING HOMES:											
Shaftesbury House ...	-	-	-	-	-	-	1	-	-	-	1
(d) INDEPENDENT BOARDING HOMES:											
St. Michael's ...	-	-	-	-	-	2	-	-	-	-	2
TOTALS ...	5	6	14	9	8	11	11	3	1	2	70

NOTE.—This return does not include children in day special or hospital special schools.

Woodside Day Special School for Educationally Sub-Normal Pupils:

	1960	1959
Admissions	39	41
Discharges	29	36
School leaving age (16 Brighton children and 5 East Sussex children)		
Removed... ..	21	3
Admitted to residential special schools for educationally sub-normal pupils	3	
Notified to Local Health Authority as being incapable of receiving education at school	2	
The number on the roll of the school at 31st December, 1960 (Christmas holiday period)	183	165

From the 1st January to the 31st October, 1960, number of children notified to the Local Health Authority under

Section 57, Sub-section (3)	8
Section 57, Sub-section (3) and (4)	3
Section 57, Sub-section (5)	11

of the Education Act 1944.

From the 1st November, 1960, when the amendments made by the Mental Health Act 1959, came into force information was passed to the Local Health Authority upon 4 children who would require supervision after leaving school. Between 1st November and 31st December, 1960, no children were reported as being unsuitable for education at school.

TABLE XIX
Child Guidance Treatment

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics under arrangements made by the authority	178

ORTHOPAEDIC CLINIC

MR. J. A. CHOLMELEY, F.R.C.S., Consultant Orthopaedic Surgeon reports:—

The number of cases seen and treated each year at the Orthopaedic Clinic varies little although a change in the type of cases seen is occurring. Fortunately the number of recent cases of poliomyelitis is now very small but there is no decrease in the number of cases of cerebral palsy.

There is of course, a large number of patients with minor conditions attending, as occurs in all out-patient departments. For many of these all that is needed is advice as to suitable footwear and minor adjustments to boots or shoes in order to reduce excessive and uneven wear. This not only often improves the function of the children but is of economic benefit to the parents.

Letters are written to the General Practitioners of all patients seen at the Surgeon's sessions with whom we have therefore built up a most desirable liaison. As a result of this, patients are also referred direct by General Practitioners for advice and treatment.

The end of the year saw a change in the Physiotherapy Staff as Miss Goldsmith who had been in charge and done such excellent work for many years, retired. Fortunately however, Mrs. McNulty who has been the assistant physiotherapist at the clinic for several years, will be in charge so that there will be continuity of staff and treatment, which is so desirable.

TABLE XX
Orthopaedic and Postural Defects

				<i>Number of cases known to have been treated</i>
(a)	Pupils treated at clinics or out-patients' departments	...	...	962
(b)	Pupils treated at school for postural defects	...	...	20
	Total	...	...	982

SPEECH THERAPY

Although not remarkable for any outstanding innovations or events, 1960 was a busy year in the Speech Therapy Clinic. As in 1959, there was a further increase in the number of attendances made. More children also, were referred for Speech Therapy, an increase of approximately 16 per cent on the previous year's referrals. An increasing proportion of the Speech Therapist's time has been spent in working at branch clinics, where the case-load is particularly heavy. Of the 20 sessions of Speech Therapy a week, $7\frac{1}{2}$ are now held in branch clinics.

It is always unwise to deduce too much from statistics. This is particularly the case when the human factor is involved, and one is dealing with people and not with inanimate things. Therefore, although it is convenient to classify and tabulate statistically, it does not necessarily give a clear picture of the year's work. It is particularly difficult to generalize about speech-defective children, as each case presents an individual problem. One cannot speak merely in terms of so many cases admitted, diagnosed, treated and discharged.

Some children will have only slight difficulty with their speech, while others will have severe and complex speech disorders. The rate of progress made during treatment will be affected by many factors: physiological, psychological, the regularity of attendance, the co-operation of the parents and the child, and the severity of the speech defect.

Many children achieve normal speech, but in some instances, although speech is very greatly improved by Speech Therapy, it will never be completely perfect. If a child is not equipped physically or mentally to deal adequately with normal speech, it is possible, very often, only to improve, rather than completely cure, that child's speech. For example, the speech of a child with a repaired cleft palate may improve, but by normal standards his speech could not be considered perfect. A child who has limited mental endowment may only be able to reach a certain level of speech and language, but if he has speech adequate for his needs, then it can be considered that Speech Therapy has been successful.

It is thus not really valid to compare the statistics of one year with those of another year, to determine what has been achieved. One would need rather to consider each child's progress individually. This is not possible, of course, in a general report of this nature, and therefore analysis is appended giving an overall picture of the patients who have been treated, and those who have been discharged.

TABLE XXI

Number of pupils treated by Speech Therapists under arrangements made by the Authority

	1960	1959
Number of children treated	346	348
Number of new patients	113	128
Total number of attendances	4,864	4,567
Number on waiting list 31-12-60	70	38
Number of children discharged	97	137
Discharged cured... ..		
Discharged N.A.D.	60 (80)	
Own discharge	5 (14)	
Left district or left school	16 (26)	
	16 (17)	

TABLE XXII

Types of cases treated during the year

	1960	1959
Dyslalia (defective articulation)	152	142
Sigmatism	73	76
Stammer... ..	78	91
Cleft palate and nasal speech	11	15
Other defects	32	24

DENTAL REPORT 1960

MR. E. G. F. LIGHFOOT reports as follows:—

During the year 1960 there was no numerical change in the personnel of the Dental Department, the work being carried out by four full-time Dental Surgeons. Two dental attendants were appointed to fill two vacancies which had occurred.

Dentistry and especially the dental health of the children has been given a considerable amount of publicity both by the Press and the radio, and this is all to the good especially in view of the high caries rate among the young people throughout the country. While the work of the Dental Surgeon is in the main remedial, and the exhortation to "see your dentist regularly" generally means treatment for the rectification of the ravages of dental caries, more propaganda and more emphasis is now being directed towards dental health, and this means that there is a greater attempt to inculcate a deeper sense of responsibility in this matter in parent and child. The old adage "a clean tooth never decays" is being interpreted in terms of the need for greater and more meticulous home attention to oral hygiene.

It has been observed that the national spending on "sweets" is in the region of £259 million per year. Whether this craving for sweets and confectionery is mainly of habit formation, or whether it is due to some deficiency in our national diet is a matter for debate, and it is problematical as to whether it is practicable to change the national dietary, but the greater use of raw fruit and vegetables and especially ending a meal with raw apple, carrot, celery or such-

like would be of great benefit in the fight against dental decay, but even with greater awareness of the necessity of dietary change, it must also be pointed out that the intelligent use of the toothbrush is still of vital importance and especially that final cleaning of the teeth before going to bed at night.

At the routine dental inspections 9,973 school children were examined and 7,498 were referred for treatment. The total number of children treated was 3,403 with 10,326 attendances made by these children.

The number of children with irregular teeth who were treated by extractions, 68; 12 temporary and 106 permanent teeth were removed to remedy overcrowding. In addition 17 deformities requiring the use of orthodontic appliances were treated and 17 appliances were fitted to correct alignment of the teeth of these patients. 27 patients were fitted with partial dentures; and x-rays were taken for 59 patients.

Two new up-to-date operating lights have been fitted in surgeries to replace old type lights which had become unsatisfactory. One of the new air-turbine units has been purchased and all four surgeries at the main clinic have been connected up for compressed air in readiness for the time when further air-turbine units will be installed.

In conclusion it gives me pleasure to acknowledge the help and co-operation given by Head Teachers and their staffs with regard to dental inspections in their schools and the attendance of children for treatment.

NOTES FROM ANNUAL REPORTS OF THE SCHOOL MEDICAL OFFICERS

DR. L. D. WILLIAMS

The general health, vitality and happiness of children attending new schools gives the impression of being much better than those attending old schools.

It seems that colour plays an increasing part in this improvement. Bright colour of walls and ceilings with large windows and general lightness of the new schools, makes the children more happy and contented.

DR. MARY PRICE

During the past year's work in schools, the main points I would remark on are as follows:—

(1) I would note the considerable number of children I have seen with a history of asthma and bronchitis in whom there is a quite admirable co-operation of the mother with a resulting marked improvement in the health of the child.

(2) The general health of children of all ages I would say was improving very much indeed.

(3) Nevertheless a great many children are extremely choosy and difficult about their food and have to be considered and pandered to by their mothers, and will in fact, eat only what they like to eat. This makes for quite serious deficiencies in their diet, not because the food is not provided, but because they will not take advantage of it. This also makes for a good deal of waste in school meals.

There is still laxity in the home about allowing children to sit up late watching television. There is often a resulting blepharitis from rubbing tired eyes and introducing infection to them. The children are generally atonic and have poor appetite and I would say there would be an indirect adverse effect on their education as they are chronically tired. I feel that the parents ought to make rules about television when they have it.

NUTRITION

Meals and Milk:

The number of children receiving mid-day dinners and milk at maintained schools on selected dates was as under:—

<i>Date</i>	<i>Number of dinners</i>	<i>$\frac{1}{3}$ pints milk</i>	<i>Number of children at school</i>	<i>% of children having dinners</i>
October, 1960	9,669	16,528	20,375	47.45
October, 1959	8,902	17,498	20,746	42.9

The number of children receiving milk at non-maintained schools in October, 1960, was 3,941 (4,730 children in school) compared with 3,895 and 4,600 respectively, in October, 1959.

The total number of school meals served during 1960 was 1,989,746 compared with 1,784,780 during 1959.

In December, 1960, meals were being cooked at 27 Brighton schools and at 1 central kitchen.

ROAD ACCIDENTS TO SCHOOLCHILDREN

The Chief Constable has kindly made the following data available to me for the year 1960.

<i>Under 15 years</i>	<i>Killed</i>	<i>Seriously Injured</i>	<i>Slightly Injured</i>	<i>Total</i>
January			2	2
February		1	5	6
March		3	8	11
April		4	13	17
May		7	14	21
June		1	5	6
July	1	5	16	22
August		4	9	13
September		7	10	17
October	1	5	7	13
November		5	5	10
December		3	5	8
TOTAL	2	45	99	146

DEATHS OF BRIGHTON SCHOOL CHILDREN

It is with regret the following school children died during the year:—

<i>Sex</i>	<i>Age</i>	<i>Cause of death</i>
Male	5 years	Shock and haemorrhage Fractures of pelvis and right femur Struck by omnibus in road accident
Male	6 „	Acute leukaemia
Male	6 „	Shock and haemorrhage. Internal injuries, crushing. Struck by motor omnibus in road accident
Male	7 „	Fibrocystic disease of pancreas
Male	8 „	Spontaneous rupture oesophagus General peritonitis Acute appendicitis
Male	9 „	Asphyxia due to inhalation of petrol fumes self-inhaled (Mis-adventure)
Female	9 „	Acute lymphatic leukaemia
Female	11 „	Acute lymphatic leukaemia
Female	13 „	Anaemia Chronic intestinal haemorrhage of unknown cause



Appendix

EXTRACT FROM THE ANNUAL REPORT OF THE CHIEF MEDICAL OFFICER OF THE MINISTRY OF HEALTH FOR THE YEAR 1959

THE MEDICAL OFFICER OF HEALTH

Any assumption that the function of the medical officer of health is likely to diminish in scope and value is based on an unimaginative approach to plain reality, and is less than a compliment to those of the past whose vision and labours have contributed so much to the striking improvements in the nation's health within a lifetime. Not only have these enhanced standards to be sustained, but still further advances to deal with existing ill-health demand much thought, study and attention.

The medical officer of health, who should increasingly regard himself as the community physician, occupies a special place of vantage. As the leader of the public health team, he is something more than a departmental organiser; indeed in the larger areas much of the day-to-day procedure is the function of his senior medical and administrative staff. With his background of training and experience in general and in social medicine it is the medical officer of health's responsibility to maintain an overall, strategical survey of the business of his department. Avoiding undue pre-occupation with details which should more properly be left to others he should ensure that he is in effect keeping a careful watch on the course which his department as a whole is following and of the relationships which are being maintained between the various members of his staff. No health department, therefore, should be without its frequent staff conferences and discussions. In addition, the medical officer of health should avail himself of the opportunity to have individual contact with each member of his staff as occasion may arise.

The environmental, the personal, the welfare and the mental health services, are integral parts of one community health service, collectively devoted to and concerned with the general health and well-being of the population they serve. Many of the individual problems of these services impinge upon each other, thus emphasising the necessity for their working together in an atmosphere of co-operation and mutual understanding. All this clearly demonstrates the function of the medical officer of health in these days. Viewed in the background of the national health service as a whole, he occupies, as a community physician, a key-position; for not only is he co-ordinator and director of the services under his immediate charge, but he should also act as a link between them and the hospital and the practitioner services. However much these latter services may have acted in varying degrees of isolation in the past the lessons which the precepts of social medicine have to teach will inevitably show how great, in the interests of the sick or injured patient, is the need for closer integration between those concerned with hospital, family or personal, and community medicine.

"The main future tasks of the health department are to improve emotional and social health; to preserve the health and well-being of veterans; to support and rehabilitate persons handicapped by physical, mental or social disability; to reduce non-infectious diseases; and to continue to eliminate environmental hazards. For these tasks we need knowledge of—child psychology and social psychology; health education skills; discussion techniques and methods; physiology and disease processes; sociology; epidemiological techniques; hygiene and sanitation; and (since departments are large) staff management and administration."*

This able enunciation of the scope, function and responsibility of the community physician demands consideration and acceptance, for it indicates what public health administration has come to mean in modern times. The medical

*MacQueen, I.A.G., 1960, Public Health lxxiv, No. 7, 244.

officer of health, in particular, is under an obligation, therefore, to see that he attains a wide and comprehensive grasp of what community health really means, that by a process of wise delegation to others he avoids an inability to see the wood for trees, and that, above all, he exercises a stimulating and encouraging influence on his departmental colleagues.

THE PUBLIC HEALTH DEPARTMENT

Various as the affairs of the individual groups of a large health department may be, it should be made clear to medical and non-medical workers alike that they are united in one common purpose, the protection and care of community health and that to this end it is essential that the whole staff should act and think together as a team. The ultimate responsibility for such action undoubtedly rests with the medical officer of health. Nevertheless, the contribution of his divisional supervisors should not be overlooked, for they, too, have their part to play in influencing the general efficiency of the department. And it should be equally clear that such leaders should be kept in close touch with all matters affecting general departmental policy, rather than that they should suffer the restrictions of any feeling of isolation.

THE ANNUAL REPORT

No business or industrial concern would survive without a regular assessment of its affairs, and its possible future developments. The medical officer of health's annual report is in essence a similar form of accountancy; it is, or should be, an articulate expression of all that has been happening during the previous year in the various sections of the public health department. Indeed, it should be viewed, not merely as a statistical ledger, but as a valuable social document in which due regard is given to the interpretation of the many figures and facts which have been so laboriously collected.

The Public Health Officers Regulations, 1959, make it quite clear that this annual intimation on the state of the public health in each local authority area is a personal contribution of the medical officer of health in which it is for him to comment on any matter relating to the health of the community which he serves. Even if sections of the report are composed by others, the ultimate responsibility for the contents, as a whole, is his, for one of the most valuable features of such reports is the general picture which the medical officer of health should present in his introductory observations.

The necessity and usefulness of these reports should not be underestimated, nor must they be regarded as merely an inescapable statutory enforcement. Indeed, in a circular (1/60) to all local authorities asking councils to give directions for the preparation of the annual report of the medical officer of health for the year 1959, it was stated that the Minister regarded such reports as essential and valuable appraisals of the state of the public health in each area throughout the country. Nevertheless it has to be noted that some of these records do not yet do justice to the activities of the department while, regarding others, it is clear that much attention and thought has been given by the medical officer of health and his co-workers to the preparation of a report which is attractively presented and is intended to give its reader an intelligent and lively account of the health circumstances of the area concerned. Not a few of these commendable publications emanate from small rural areas, as well as from counties and county and metropolitan boroughs, thus proving that a department principally limited to the environmental health services is not necessarily compelled to issue a formal document consisting for the most part of vital and other statistics and little else, as the annual account of its stewardship.


If those concerned with the operation of the public health services are rightly conscious of the contribution they are making to community health, they must say so; and, year by year, the annual report of the medical officer of health affords an opportunity for such expression which can be of undoubted value. In the large health departments it might be of advantage to appoint a member of the staff to act as the general editor. For the annual report is something more than an official requirement of the Public Health Officers Regulations; it is concerned with the daily activities of men and women trained in the many fields of community health and can be made a living social document.



CHILD WELFARE CENTRES

1. PATCHAM
Mackie Hall, Mackie Avenue
2. BEVENDEAN
Church Hall, Heath Hill Avenue
3. HOLLINGDEAN
St. Richard's Church Hall, The Crossway
4. MOULSECOOMB
Barn Hall, Hodshrove Road
5. FLORENCE ROAD
Baptist Church Hall
6. DYKE ROAD
St. Luke's Church Hall, Exeter Street
7. WOODINGDEAN
Methodist Church Hall, The Ridgway
8. SUSSEX STREET
The School Clinic
9. HOLLINGBURY
Church Hall, Lyminster Avenue
10. WHITEHAWK
The Clinic, Whitehawk Avenue
11. COLDEAN
The Barn Church, Coldean Lane
12. LEWES ROAD
Congregational Church Hall
13. ROTTINGDEAN
Public Hall, Park Road
14. SALTDEAN
St. Nicholas' Church Hall, Saltdean Vale
15. WEST BRIGHTON
Christ Church Hall, Bedford Place
16. QUEEN'S PARK
St. Luke's Church Hall, Queen's Pk. Rd.
17. WOODINGDEAN
Hazel Cottage, Warren Road

POPULATION DENSITY

UNDER 60 PERSONS PER NET ACRE	
60 TO 120 " " " "	
OVER 120 " " " "	

